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THE CAUSES OF FAILURE OF PRIMARY PERINEORRHAPHY AND TRACHELORRHAPHY AND THE PROPER REMEDY.

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IT is many years since there existed a widespread difference of opinion in the medical profession as to the advisability of cleaning and accurately suturing as nearly as possible all incised and lacerated wounds, no matter what structures are involved: in the case of muscles and tendons prompt repair is, perhaps, even more essential than in other structures, as it tends to avoid the serious injuries to function which ensue if healing with retraction is allowed to occur. The only prominent exception to this rule seems to be in its application to lacerations of the cervix uteri and the perineum resulting from the traumatism of childbirth; the reasons put forth for this exception have been varied, but they have related mainly to the supposed wornout and exhausted condition of the patient, the inconvenient surroundings and even the fatigued state of the physician himself.

To-day, however, little time is devoted to discussion of this subject for practically all are agreed that, barring a few cases only, every woman should be examined immediately after delivery and any lacerations repaired immediately, or, at least, within the first twenty-four hours. I heartily concur in this view and hope to see the practice become universal in its adoption. I do not hesitate, however, to give voice to the opinion that only a small percentage of the immediate perineal and cervical repairs are satisfactory and successful. It is my impression that most gynecologists would agree with this statement although they would still advocate the practice.

It is true that in all cases, whether immediately operated upon or not, healing takes place, but the fact remains that in a large majority of cases the healing is unsatisfactory, so far as the sufficiency of the perineum is concerned and all too often the result is as bad as though no sutures had been introduced. It is in the hope of introducing a discussion, elucidating some of the reasons for these failures and calling attention once more to the remedy that this paper is presented.

Long before gynecological operations were devised obstetrics was far advanced, and it was then, as it is now, quite legitimately within the proper sphere of the general practitioner of medicine. The students of decades ago were well grounded in the art of obstetrics, perhaps better than now, save as to some innovations which have followed; even to-day except in the more populous centers obstetrics does not exist as a specialty and perhaps there is no reason why it should; but when we add to the duties of the general practitioner-obstetrician certain delicate gynecological operations of which trachelorrhaphy and perineorrhaphy may be taken as examples, the door is opened for many causes of inefficient work.

It sometimes happens that the doctor lacks the requisite surgical training and aptitude, for we are now strictly in the field of surgery; the fact that he practices medicine instead of surgery is presumptive evidence that his mind is not attuned to surgery as it is to medicine, and, therefore, his surgical skill is unlikely to compare favorably with his medical skill and judgment; but the more important point is the view which he takes of this subject. Immediate or primary perineorrhaphy is rarely looked upon as a definite, separate surgical operation, it is rarely provided for separately; a part of the necessary instruments are thrown into the obstetrical kit, not as essentials, but as objects that *may* be needed; in other words, it is a *tail end* of the delivery thrown into the bargain, not even worthy of separate mention in the bill, which, by the way, is usually ridiculously small when compared with the skill and effort demanded.

Now, as a matter of fact, the delivery of the child and the necessary immediate perineorrhaphy which follows bear no relation to each other, except that of cause and effect: as surgical procedures—using the term broadly—they do not resemble each other; they require entirely different preparation, instruments, assistants, etc., and more particularly they demand entirely different kinds of skill and training, and so long as one is considered secondary to the other just so long may poor results be expected.

Very far reaching in its effects is the fact that whether rightly or not the necessity for immediate perineorrhaphy is likely to be considered an evidence of imperfection in the conduct of the labor. How often do we see men swell with pride as they recount the fact that they rarely or never lacerate a perineum; while this is the men-

tal attitude of the profession is it not natural to slur over the accident and to complete the repair as quickly and quietly, rather than as painstakingly and perfectly as possible? Not only is the necessity of the repair frequently looked upon by the attending physician as somewhat of a reflection upon his good work and skill, but unfortunately the situation develops at an inopportune time, he is tired from effort, which has often been disappointingly prolonged—the hour is nearly always inconvenient—the operation is an added responsibility for which there is usually no adequate reward and he is surrounded by reasonable excuses for hasty and inaccurate work.

Immediate perineorrhaphy is rarely referred to by its true name, "perineorrhaphy," nor is it called an operation; a rather typical expression which we often hear is, "I put in a couple of stitches," or ""I stitched it up," or even "I slapped in a couple of stitches," as I heard a well known physician say only a short time ago. In other words, this procedure is lightly regarded and lightly spoken of. The scene of the operation is usually the disordered lying-in-chamber, with patient upon an inconvenient bed, instruments, three or four in number; assistants, none; anæsthetist, a by-stander, and the light altogether insufficient—the stitches are quickly placed—somewhere—they include something and soon the recovery is complete.

While I never had a large obstetrical experience I did immediately repair a moderate number of perineums during earlier years when in general practice; since that time I have had the opportunity of examining some of these cases and also a large number of patients whose repair had been made by others, and it is surprising how rarely does this work turn out satisfactorily.

It is not necessary, I am sure, to review before the Ohio State Homœopathic Society the seriousness of the damage which often takes place to the soft parts making up the pelvic floor during confinement; but I do feel at liberty to state with emphasis the fact that of the cases which the gynecologist examines with the history that laceration took place followed by immediate repair, not one in ten presents an efficient pelvic floor.

Undoubtedly some of these unfavorable results are unavoidable, but equally surely most of them are avoidable and the reasons for failure are perfectly apparent and stand as a reproach to the medical profession because they cause the patient long-continued and sometimes incurable suffering and are not infrequently the indirect cause of death itself. This seems like a strong statement, but just a little thought will convince us of its truthfulness. Let me call to your attention, as an example, the enormous suffering and mortality caused by carcinoma of the cervix-uteri. Personally, I have never seen more than one or two cases of carcinoma of the cervix in women who had not borne a child and I am not absolutely sure about the history of these cases; in fact, I do not hesitate if an unmarried woman comes to the clinic with carcinoma of the cervix to ask abruptly when her baby was born, and while this has occurred a number of times I have never failed to receive an answer admitting the fact.

Let me ask then how many cases of carcinoma of the cervix would there be if all cervices were promptly and efficiently repaired? If every perineum were properly repaired at the time of confinement how many cases of procidentia, retroversion, subinvolution, chronic endometritis, etc., etc., would require our long-continued efforts in after years?

Here, then, seems to be a field for preventive medicine, which should give a rich return and that very promptly;—the question is—how can the result be accomplished? We certainly cannot expect the general practitioner-obstetrician to become as expert as our own Professor Wood or men of his class whose experience is so rich in this field, nor is this, indeed, necessary; while we cannot ignore the fact that it is difficult or impossible to repair, at the time, all cases of cervical and perineal damage, particularly those which are unattended by lesions of the mucous membrane or skin, I have the opinion that there are very few, if any, persons in this room who lack the mechanical skill to accomplish the desired result in nine cases out of ten.

Now, then, how must we proceed? In the first place we must make a radical change in our view of primary repair of the cervix and perineum; we must *dignify*, if I may use the term, these procedures by placing them in the category of definite surgical operations. We must plan for them as the surgeon plans for any operation. Every surgeon who is worthy of the name has a definite, well thought out program for each operation and he also informs himself of the possible emergencies and variations which may present and he plans for them also.

If the general practitioner is to become to a certain extent gynecologist it is as much his duty to properly provide for his operation as it is to maintain his familiarity with the materia medica, dosages, antidotes to poisons and a thousand and one other fields of his daily effort.

Another step towards good work must be the addition of a reasonable proper charge for the operation and this mentioned separately on the bill; primary perineorrhaphy or trachelorrhaphy is no more a part of the accouchment than is the secondary operation which so often comes months or years later.

The doctor conducts his labor with every precaution toward avoiding serious injury; but if despite his best efforts serious injury does occur it is unfair that a delicate operation should follow without charge, for this presupposes either that the charge for the confinement was

large enough to cover the operation—which is very often uncalled for and, therefore, it is in this case unfair to the patients—or that the operation is performed gratis, which is equally unfair to the physician himself, to his family and to his brother practitioners.

If this attitude is properly explained to patients it clears the field marvelously for the next and most important step, which is the proper well judged preparation of the room, the patient, instruments, sutures, light, etc., etc.

Now it is commonly understood that immediately after the confinement the perineum is—due to traumatism—in a semi-anæsthetic state and that therefore no general anæsthetic is needed; the perineum surely is in many cases, at least, quite without sensation, but it does not follow that no general anæsthetic is needed. It is, in my judgment, quite impossible to properly examine and accurately repair the reparable injuries of labor without a general anæsthetic. I regard primary perineorrhaphy without anæsthesia much as I regard curettage without anæsthesia, namely, as no operation at all, if not approaching dangerously the domain of malpractice.

The proper adjustment of the light, the maintainance of quiet of the patient in order that by the use of deep retractors and by proper sponging a perfect distinction may be made between bruised and excoriated surfaces and actually lacerated surfaces necessitates general anæsthesia and also a moderately skilled assistant. It is not an easy matter to thoroughly inspect the parts so as to recognize the damage which has taken place not only to the cervix and perineum proper, but to the important tissues in the anterior vaginal wall, which frequently receive serious injury.

I feel sure that without these precautions and depending upon touch and poor vision only, physicians often approximate torn muscle to a raw looking surface of mucous membrane, never having been able to see the end of the retracted fellow muscle.

A good simple technique is as important here as in any operation which we are called upon to execute and we can never be sure of this when the patient is liable involuntarily to upset the best of arrangements.

It is far better to wait, if necessary, twelve hours for proper assistance and preparation than to do a poor job.

There is no great hurry except in case of hæmorrhage, which is usually controlled without difficulty.

To summarize, then, we may say that primary operations for repair of the damage which takes place at confinement are justifiable and usually advisable. Under proper conditions they are not so difficult as to be outside the field of the general practitioner, nor do they require instruments or apparatus which is difficult to provide.

As at present performed, however, they are frequently failures, (1) because they are too lightly regarded, (2) they are executed in haste when both patient and attendants are tired and anxious to terminate their efforts, (3) only rarely is the patient properly posed upon a table with well directed light, (4) rarely is the patient fully anæsthetized and the physician properly assisted and provided with efficient retractors and means for controlling hæmorrhage so that he gets a clear view of the exact damage and opportunity to so place his sutures that the parts are approximated in exactly the relations which they occupied before the laceration occurred.

The remedies are (1) the physician must thoroughly appreciate the gravity of the accident and the importance of accurate repair, (2) he must disabuse his mind of the idea of haste and if necessary postpone the operation for a few hours until proper provisions can be made, (3) a table with efficient leg supports must be so arranged as to provide a good light, (4) anæsthesia in the hands of a person who can take the entire responsibility is essential, deep retractors and sponges on holders should be handled by an assistant who is familiar not only with the theory, but the practice of aseptic technique. It is then only necessary to place a few sutures in an ordinary skilful manner and the ultimate result will be as though no laceration had occurred.

It would be tiresome and unnecessary, I am sure, to go into the details of technique which may, perhaps, develop during discussion; I shall feel myself fortunate if I have emphasized, in an understandable way, the faults which bring about the failure of an important, but not unduly difficult operation, which is within the province of nearly every general practitioner of medicine; and I shall feel doubly paid if these few suggestions of the remedy bring out a general discussion leading to more thought upon this simple, but to my mind, important subject. (Ohio Society.)

Scopolamine.

Boldt (Med. Record, 29, 1909) condemns as dangerous the practice of preceding a general anæsthesia by the morphia-scopolamine narcosis. He recommends, however, for patients who are apprehensive and nervous a single dose of morphia and atropia thirty minutes before the anæsthesia is given. This is desirable, too, in operations on regions in which the reflexes are more active, for there is scarcely a doubt that some of the circulatory disturbances under chloroform are reflected from the field of operation. This is true of the testicle, the spermatic cord, the anus, and the peritoneum.—Sluss, *Emergency Surgery.*

ŒNANTHE CROCATA.

BY SADIE L. OMEY, HOMŒOPATHIC DEPARTMENT, UNIVERSITY OF MICHIGAN, ANN ARBOR, MICH.

"A small farm well tilled is better than a large one slighted."—Haymakers.

One remedy well studied is better than several not half understood. To acquaint one's self with Materia Medica one remedy at a time must be met and mastered.

The name Œnanthe Crocata comes from the words "oina," "vine," and "anthos." The Greek name of the plant signified "wine flower" and was so-called on account of producing symptoms analogous to drunkenness.

The English synonyms are: Dead Tongue, Drop Water, Hemlock Water Drop, Water Lovage, and Yellow Water Dropwort.

Œnanthe crocata is a perennial aquatic plant, very poisonous, with a fusiform, fleshy, succulent root. It belongs to the Umbelliferæ family, which furnishes us Conium, Cicuta and Æthusa. It is found in Europe, particularly in France and Spain and growing in marshes and wet places. The stem of the plant is erect, 18 to 30 inches high, cylindrical, hollow and contains a yellow juice. The leaves are twice or thrice primated, large and deep green; leaflets oval-cuniform, serrate. The plant flowers from June to September, the blossoms being white, sometimes light rose, arranged in umbels, with long rays, twelve to thirty in number, style erect with thickened lateral ribs and six oil-tubes in each hemicarp; seeds are oval and oblong; the root in one variety is white, in another purplish-red, composed of many hinge-like branches resembling beets, containing a white, milky juice, becoming yellow on exposure; taste sweetish, acrid; solvent, alcohol. Dose 1/20 to ½ minim. The root is used for drug purposes and should be gathered when the plant is in flower.

As its leaves resemble those of celery and its roots are like parsnips, children are often poisoned by eating it by mistake. Its effect is quickly fatal. Out of eight lads who ate the tuberous roots gathered in a meadow, five died in a few hours without having spoken a word. The English country name, "Dead Tongue," comes from this latter symptom. The Swedes call it "Horse-bane" from the frequency with which grazing horses are poisoned by it. In Ireland the roots are crushed to make poultices for boils and inflamed glands, often with toxic effect.

Without enlarging on the chemical analysis will merely state that the plant contains, amongst other things, a fixed oil, a volatile oil, a resin and a yellow coloring matter; one may ascribe to the first three the venomous action of the plant. They exist in such abundance that in order to see them you have only to cut the root across when the oils exude to the surface and soon lose, by evaporation, their aqueous parts and the highly scented volatile oil, whilst the yellow resinous juice encrusts the surface of the section.

Œnanthe has been used from the earliest times in various affections. It was known to Galen and Dioscorides. Its first use, homœopathically, is spoken of in "Cyanosura Materia Medica of Boecler," published in 1729. "Those who ate much of it were taken with dark vertigos, going from one place to another, swaying, frightened, turning in a circle as Lobilus pretends to have seen." Then, again, Hahnemann, in his "Apotheker Lexicon" (Leipzig, 1793), says of the drug: "It is said that the whole plant is poisonous and causes vertigo, stupefaction, loss of force, convulsions, delirium, stiffness, insensibility, falling of the hair, and taken in large quantities will cause death." He also states: "That administered with great circumspection, it should prove useful in certain varieties of delirium, vertigo and cramps."

The profound influence of this agent upon the nerve centers is quickly observed. It must be given in minute doses. Five drops of the specific medicine in three, four or even six ounces of water will be found sufficient. Fluid extracts or ordinary tinctures are not to be prescribed because of uncertain strength.

Œnanthe crocata is extremely poisonous and from its resemblance to common garden parsley, has frequently caused death in men and animals. The roots eaten raw produced vertigo, burning in the throat, nusea, madness, trismus, unconsciousness, convulsions and frequently speedy death. Toxic doses cause burning heat in the throat and stomach, with disturbance of intellect, cardialgia, nausea, vertigo, violent convulsions, furious delirium or profound sleep; loss of sight, hearing and speech; rolling of the eyeballs upward; feeble pulse; abolition of sensation and of motive power with increasing intellectual dullness. There are universal chills, rose-colored spots on the face, breast and arms, lividity and swelling of the face, with trismus and bloody froth from the mouth and nostrils, stertorous breathing, coma and death.

Autopsies performed on patients dead from accidental use of this agent have shown an engorgement of blood to the brain and cord, effusion of blood and bloody serum in occipital foramen. Sinuses of the dura mater and veins of the pia mater were also distended with blood, as were also the sinuses of the vertebræ. There were apoplectic foci in the cerebral mass. There was serous effusion in the cellular tissue beneath the arachnoid, in the ventricles and at the base of the brain. Another important point was the marked rigidity. The hand was strongly bent with the thumb applied forcibly to the palm of the hand; nails bluish.

We know Œnanthe only by the poisonings of which it has been the agent and by a few experiments made with it upon animals. It is the

most energetic member of its species. Experiments on animals entirely confirm the analogy suggested by the records of poisoning and show material changes (inflammation and softening) at the central seat of the malady, the medulla oblongata and its neighborhood.

Œnanthe crocata is used successfully in the treatment of epilepsy. Has cured a few violent cases and many cases of petit mal. Fisk reported five cases cured and other trustworthy investigators have had similar results. It is indicated in anæmic conditions of the capillary vessels to brain and spinal cord, rather than fullness of the vessels. This is an important distinction and one made by Henning. The drug has proved of value in cases where epilepsy has resulted from trauma, in cases where there is an impairment of the brain structure and perfect cerebral circulation with impaired nutrition to the brain.

Owing to the fact that Œnanthe has been so often mistaken for parsley, carrots, etc., men and animals alike became victims to its poisonous effects. In man the symptoms come on rapidly in the form of convulsions with strong struggling followed by insensibility; pupils are dilated; face becomes bloated and livid with bloody foam about mouth and nostrils; stertorous, snorting and convulsive breathing. Death may follow almost immediately or victim may pass into a state of maniacal delirilum with reapeated convulsions followed by extreme prostration, and insensibility; jaws become rigid and death ensues. In animals, particularly cattle, after having eaten the root of the plant, a peculiar action takes place. They drop as if thunderstruck and emit an extremely offensive reddish fluid from the nostrils like the juice of the roots themselves. They can neither vomit nor digest the plant and soon die in convulsions. The leaves, however, may be eaten with impunity. Animals dying from the effects of the plant decompose rapidly.

Œnanthe crocata has proved very useful in violent convulsions accompanied with vertigo, nausea, vomiting, madness, insensibility, dilatation of the pupils, turning up of the eyeballs, contractions of the lower jaw and limbs, tremblings, tetanus and trisaus. Also in cases in which are present biting of the tongue, death-like syncope and coma.

Of all maladies, epilepsy has most resemblance to this poisoning, but epileptic attacks last, on an average, ten to twenty minutes, whereas the sufferings produced by the poison are of long duration extending beyond eight hours and even for days and weeks. In epilepsy the trismus never lasts longer than the fit and is not always present. In poisoning cases it not only appears during the general attack, but lasts very long, even so as to prevent emetic treatment from impossibility of introducing liquid into the mouth and it has to be injected by the nostrils through an æsophagean catheter.

Œnanthe crocata, as a drug, has never been proved. All the evidence in all the authorities, however, show clearly that the drug produces in man all the symptoms of epilepsy and it is in that disease that clinical testimony is gradually accumulating. Its usefulness in epilepsy is unmistakable and only another proof of the truth of the homœopathic law.

As to the dose, Dr. Dewey, in his article in "New, Old and Forgotten Remedies," says, "The question of dose, I believe, to be an important one. I used generally the tincture in water, but latterly I have been using the third and I believe with better effect than I ever obtained with the tincture, and I am now of the opinion that the lower dilutions, say, from the third to the twelfth, will be found more efficacious than the tincture, and the higher potencies will suit certain cases. In order to prescribe the drug with accuracy, provings will be necessary to develop its finer symptomatology."

According to experiments on animals with the fresh juice or aqueous or alcoholic extract, or even with the tincture in small doses, it provokes in them also symptoms analogous to those of epilepsy. The lesions ascertained by post-mortem examination present in each case precisely the same alterations. From this similitude of symptoms ascertained during life, and of the organic lesions found after death, it would indicate that this plant could be and is administered beneficially to epileptic subjects, so we therefore expect to find a place for Œnanthe among our remedies for convulsions of the epileptic type.

Dr. Oehme, of Staten Island, has probably better applied Œnanthe for the purpose of checking epileptiform convulsions of childhood and pregnancy, in which he has found it very effective. He gave the third dilution. He has used the drug very successfully in puerperal convulsions. His patient was a robust, always healthy woman of 26 years, who, in the seventh month of her pregnancy, complained of headache and swollen feet. For this condition he prescribed Apis 2x. Next day she had a singular attack attended by unconsciousness. Convulsions were suspected and she was given Ignatia 2x. Belladonna was given on the third day after further inquiry. The next night Opium 2x was indicated inasmuch as a similar attack, but worse, occurred and this during sleep. Immediately after this two more and much worse attacks followed, leaving her unconscious; eyes half closed and set: face and neck dark red and swollen; foam at mouth: jaws rigid; working of muscles of face and neck; choking sound in throat; upper and lower extremities a little flexed; hands tightly closed and the whole body in a shaking, convulsive motion. The affection resembled epilepsy so strikingly, although she had never been subject to that malady, that she was given Œnanthe crocata 3x, 1 dram every ten minutes, and from that time on never had another attack.

Dr. Oehme also tried out this drug in a child

of twenty months, apparently in good health. When called he found an eruption like measles over the body, which soon disappeared, but was followed by a continual working of the muscles and trembling motion of the limbs, frothing at mouth and rolling of half-closed eyes. Attack lasted two and one-half hours and Belladonna and Zincum proved ineffectual. After Œnanthe crocata 3x, every five minutes, one-half teaspoonful, came quick improvement and recovery from the convulsions. Three hours after commencement of the disease the child had a violent fever, but the next day was well, except weakness. No eruption.

Dr. Sam. Van den Berghe reports a case of a man 59 years old, who had been an epileptic since earliest infancy, but in 1900 his malady was so aggravated that he called at the office in November. Attacks had appeared frequently, mostly at night. At the office his expression was stolid, with an empty stare and with intelligence much depressed. Was restless, with a hard, frequent pulse (96). Œnanthe crocata 6x, eight pellets a day, was prescribed. On December 5th the attacks, though less frequent, continued. On January 3d, 1901, he reported that he had only had one attack during the four weeks past, but had considerable vertigo and pulse of 86. Medicine was continued. On January 28th reported he had had neither attack nor vertigo and pulse was 72. In March he suffered twice from vertigo and one attack of medium severity. On April 1st pulse was up to 100. Œnanthe 6x, six pellets a day, was continued. On May 3d had two nocturnal attacks, but less restless, with pulse 74. On June 7th, all morbid symptoms had disappeared. Man resumed his business, which he had given up on account of the disease. This was a very severe and inveterate case, but was cured by Œnanthe crocata.

Œnanthe, when cooked, as in soup and eaten, produces symptoms similar to those brought on by the raw root. Emetics of mucilage, oil and milk have been beneficial in some instances.

The 349 symptoms recorded by Allen may be summarized as follows:

Head: Vertigo, delirium, as if drunk, or stupefaction.

Cerebro-spinal system: Epileptiform convulsions always severe, at first tonic then clonic with pale or livid swollen face.

Concomitant Symptoms: Frothing at the mouth; eyeballs turned upwards; pupils dilated or irregular; locked jaws; rapid twitchings of facial muscles; coldness of extremities; weak pulse; the attack ending in coma or fatal syncope; often speech is paralyzed.

In non-fatal cases great heat in throat and stomach; desire to vomit; distressing hiccough; cardialgia; desire for stool; pain, tenderness and swelling of abdomen. Red patches like ecchymoses on face, chest and arms. A number of patients who recover lose their hair and nails.

SEX PROBLEMS AND THEIR SOLUTION.*

BY DR. EDWARD J. COOK, BALTIMORE, MD.

THE sex problem has been a bone of contention from the time of the Old Testament to the present day. The treatment must be medico-sociologic. The laity must be taught. Begin young and graft good morals into youth, and many a pang will be saved. Teach the girl what to expect. Teach the boy the evil effects of onanism and its subsequent ills. Teach both of them that the organs of generation are sacred and must not be tampered with. The greatest of all sex problems is that of prostitution. The solution of this is SEGREGATION and Registration. Where a woman gives up her body for hire, compel her, by law, to register with a central bureau. Then segregate her. Draw a dead line where she can ply her trade. Make it a criminal offense to do otherwise. Throughout the most of Germany, especially Hamburg, this is the law. Remove commercial interests from prostitution. Cease arresting these women for prostitution. Get graft out of the public department and other agencies. When registration and segregation are in use there will be less white slave traffic and rape. The next thing is to get the saloon out of the red light or segregated districts. Then there would be less of this work done and less disease contracted, as most venereal disease is contracted under the influences of alcohol.

Why do girls enter into a life of prostitution? This has not been definitely settled. Some of the chief issues leading thereto are: Lack of a living wage, love of finery and gay life, seduction by lover or other male friend and subsequent refusal of marriage.

Few enter the life for passion alone.

VENEREAL PROPHYLAXIS.

This is another big issue. So great that a recent Secretary of War took up the venereal condition of the U. S. Army and Navy in his report to the President. Venereal disease is sapping the life of the American people. It is estimated that there re 30,000,000 infected with venereal disease in the United States. Hence why should we not endeavor to correct this plague? Have every house of prostitution supplied with a prophylactic package with directions for use. Have a similar package to that in use, at present, in the U. S. Navy. Protargol, Sulphur, Calomel ointment and Bichloride tablets. Put a nominal charge on it and make the man pay for it. Now the question will arise, will this cause a lack of morality? My answer to this is emphatically no. Every man of any venereal practice knows that contracting disease will not keep the men away. Before they are well they will ask you

*Read before Maryland State Homœopathic Society, at Emerson Hotel, May 7th, 1913.

when it is safe to go out again. Some go visit these houses again without asking, even though there still be a virulent discharge. Fear of disease will not keep them away, neither will knowledge of prophylaxis drive any into these houses.

Have a regular medical examination of these women by physicians in good standing. If diseased send them to a venereal hospital until cured; in other words, quarantine them. Have this hospital conducted as any general hospital under city or State management.

No marriage license without a certificate of good health. In my opinion this will never abate the reporting of all venereal disease. Have a filing system and issue no marriage license to any that have been registered as having a venereal disease until they have been examined by a specialist or committee of specialists appointed for this purpose. This may seem harsh, but it will bring us out stronger progeny and a stronger race in the future.

Prohibiting procreation of the unfit by sterilization.

This is being carried out in quite a few States at present.

Indiana, Washington, California, Connecticut, New Jersey, Nevada, New York and Iowa have passed such a law. Sterilize confirmed criminals, idiots, imbeciles, rapists, epileptics and those otherwise unfit to procreate their species. Vasectomy in the male. Ligation of pubes in the female. Have the State appoint competent surgeons to this work. One subject I will not touch on, but may, at some future meeting, is Limitation of Offspring.

OUR LITERATURE.

BY J. H. PETERMAN, ARDMORE, OKLA.

I will express me on the standard of our literature, especially our journals.

Our journal are not what they should be. They do not stand for true and undefiled Homœopathy, they are not the educators of the young nor aim to the education of those outside of it. They are not representatives of the truth and law in Homœopathy, when they should be the mainstay of it. The men at the helm, men of "integrity," knowledge, without fear, realizing the responsibility resting on them. They are not. Once in a while an article comes from a "man" that shows that the light has not gone all out, but the average is a mixum compositum of no Homœopathy and the dregs of modern pathology. Not a word is said, it still goes on so the pages are filled with hay and stubble; the truth, like the needle in a haystack, is hard to find. The others come nearer to Homœopathy, they give smaller doses we see by the serum and vaccine therapy. O they come nearer to Homœopathy. How silly. Homœopathy treats from in out, not from out in. Who has ever cured a chronic disease with one remedy? Vaccination in six members of a family, different effects in four, no effects in two at all. What is that? Diet not considered at all? Measles the same. No two patients affected alike. What is genus epidemicus in some is not in others, except it meets the same condition of the patients. One so-called homœopathic physician in Philadelphia declared before the meeting that no cancer was ever cured by internal medication; nothing is said about such assy assertions. In the February number of the Medical Advance Dr. Ch. B. Hall states that God is a jealous God and that the healing by Christ of one possessed, by causing devils to enter the swine, was a truly homœopathic operation. If this should happen to-day I would feel sorry for our swine. Another editor says: Do not speak so hard, some do not like it; when you send in a true and remarkable report of a cure, if it is not modern, it is not appreciated; it must smell somewhat of the dregs of modern pathology if not wholly made of it, when it would be more acceptable. Many physicians of other schools would respect us and show us friendship if we were Homœopaths in word and deed. What do we do, practically, for our young men? The noblest and conscientious, starting among twenty to twenty-five of the old school is bound to give away sometimes. Who is to blame? We older ones. At the present Homœopathy does not suffer from outside as much as it does from lack of integrity in representation. The true Homœopath wins against all odds. What we need above all is a journal of pure and true Homœopathy well paid and supported by able, experienced practitioners, not what Hahnemann has said, what Bœnninghausen has said, but what the present state of Homœopathy needs, able judges, what sift the wheat from the chaff; if we do not get this then "good bye, Homœopathy." I mean the present one. Some of our books on Homœopathic Practice are called Practice of Medicine; this is sure proof that a mixer did write it. Dr. Gatchell hits the ganglion with the book to cure it; his Practice of Medicine is a sample of the type, a modern Homœopathy, indeed. Homœopathy cannot be modernized. No more so than the Commandments by Moses and the sublime Nazarene! The one who modernizes Homœopathy writes his own dictum, like the Christian who advocates adultery. We owe it to the world, to the respect and honor of our country, to keep it pure and undefiled from modern drags and carelessness. I advocate to work for the establishment of a homœopathic journal to uphold the truth and principle of it. Let us, after a good price for subscription, let the older practitioners wake up and give to the younger ones and to the world in general a pure medicine, conscientious and fearless, based on law eternal, as we have it from Hahnemann and its true followers. He could not do it all. He was the masterbuilder, but the finishing is left to us. There is plenty to do yet, or if we do not put a good

roof on it the walls will sway. Homœopathy is the emblem of purity in medicine. (Oklahoma Institute.)

LA GRIPPE.

BY W. B. STEWART, M. D., INDIANAPOLIS, IND.

THE grippe is the most deceptive and malign disease in its immediate acute effects and complications, and in its sequences on the human body, of any malady known to the medical profession. There is no part of the inhabited globe immune from it, and no altitude, climate, or season that stops its onward march.

In valley and upland, in wet and in dry season, in cold and in hot climates it comes, in sporadic or epidemic form to render helpless whomsoever it chooses to infect.

No portion of society is exempt from its ravages; the rich and the poor, the young, the adolescent, and the old and decrepit, the robust athlete and the chronic invalid; the affluent, overfed and well groomed member of the "Four Hundred," and the half-starved subject of the underworld,—each and all alike are the subjects of its health-destroying influences.

Nor does one invasion furnish immunity against other and severer subsequent attacks; contrarywise, the individual having one attack of grippe is thereby made more vulnerable to the bacillus, and suffers a recrudescence or reinvasion with less resistance than he had to fight against the primary attack. One of the important features of an epidemic of grippe is its adynamia, caused by the profound change in the nervous system, as the effect of the grippe poison.

The mortality rate has been quite considerable among children, invalids and the aged; much higher than it is commonly believed to be by the laity or by the casual observer.

Cases dying from some complication of grippe are reported in the death columns of the daily papers as having died from the complication, not even mentioning grippe as a contributory cause, hence the opinion formed by examining a mortuary is that not many cases of grippe are fatal.

The truth of the matter is that thousands of cases of grippe have died in the United States during the last twenty-three years, or of some one or more of its complications. And the almost universal belief that it is "simply a bad cold" or that "it is nothing but an attack of grippe," and no more harmful than a slight coryza, is voluminously erroneous.

There have been some twenty-eight different bacilla isolated, and nearly every one of them has been charged with the guilt of inducing the grippe in hunting for the exciting etiological factor in the origin of this many sided and poorly understood disease.

As a causative factor in the origin of this disease, all theories regarding twenty-seven of these bacilli have been abandoned, and it is now quite generally believed that the bacillus of Pfeiffer is the exciting micro-organism, though it is known that the Pfeiffer bacillus is aided and abetted by many other accompanying germs.

The bacillus of Pfeiffer is a short dumbbell shaped, very minute organism. It is carried in the atmosphere, and wafted to, and finds entrance into the system, through the respiratory tract,—hence is inhaled into the lungs. It finds lodgment in the mucosa of the whole respiratory surface, and can be found in great numbers in the mucus expectorated, though it is not alone, but is in company with various other species or symbions.

It is slightly infectious, positively epidemic, and thoroughly pandemic. Its manifestations are epidemic, pandemic and sporadic. It may be benign, *"ab in itio,"* and rapidly become very grave. Grippe is not a "bad cold," as many persons believe, but may accompany a bad cold, and "coryza" renders the individual *less immune* and aggravates the grippe when both are present at the same time.

Grippe is a powerful menace to health in most cases, and in some it completely undermines the health, or threatens the life of the individual by aggravating a chronic condition or by a complication in a vital organ, where it becomes a formidable foe to the health and it may be to the life of the sufferer.

Grippe, in its mucous membrane manifestations, has many symptoms in common with the ordinary bad cold and with catarrhal fever, or acute catarrh, and through this intimate imitation it is permitted to insidiously steal into the patient, until—a serious, acute condition maintains or a dangerous complication sets in, or the patient collapses from the violence of the attack. When the physician is consulted, avoidable complications have already made their appearance and the patient's health has been so impaired that serious complications follow long after the original attack of grippe is past.

The irritation, congestion and inflammation caused in the mucous membrane by the presence of countless members of the Pfeiffer bacillus, and the many other bacilli present in the membrane in an attack of Grippe, produces a dry membrane, followed in a few hours by a profuse, thin, watery flow, which gives way after a time to a thicker gray, sticky exudate from a portion or all of the respiratory tract. This is accompanied by a cough, violent and persistent. This blenorrhœa of the muco-respiratory surface during the grippe attack may be followed for some time with cough and expectoration, enervation and a much lowered body resistance. The body debility and the partly degenerated mucous membrane furnishes an inviting field and an open portal for the ingress and entertainment of tubercle bacilli. Many cases of tuberculosis have been contracted in this way. The patient has a cough

of more or less severity, that continues through the summer. After having had an attack of grippe the previous winter or spring, never seeming to have fully recovered, though the initial attack was not severe. He tires easier than he once did, sleeps none too well, emaciates some and is under-nourished in strength, and is irritable; continuing the cough and down grade course through the summer. In the fall he consults a physician, who, upon examining the chest, finds a dullness in the upper thorax on one or both sides, and a sputum analysis reveals tuberculosis. This patient may be beyond permanent help.

Grippe in epidemic or pandemic visitation spreads from east to west, along lines of commercial or social intercourse. It is more prevalent in winter and spring and its pandemicity is increased when the weather is softening and when the atmosphere is heavy, damp and deficient in ozone.

The bad effects of grippe on the system are not due so much to the presence in the system, per se, of the various hordes of bacilli, but the harm comes from the detritus, the offall, the toxines, the excretions of the bacilli, that are constantly thrown into the blood, poisoning and rendering unstable its normal proportionate constituency, and through its presence in every gland and nerve and muscle filling the whole body with a toxæmia which almost paralyzes the normal function of each gland and organ. By the presence of this toxine the nervous system is prostrated, anabolism and catabolism are so inhibited that normal metabolism is diminished or ceases. Elimination is so crippled as to leave in the circulation much worn out and once used tissue, now a debris, and a garbage, which the clogged gland and dammed kidneys are not capable of throwing off. The physical and mental damage done by this toxæmia, the ennui, hebetude, weary, malaise, aching state of the patient must be seen and studied to be understood.

Grippe has a wider range and greater variation of symptoms than any other disease studied or treated by the writer. It makes itself known by a set chill or chilly rigors, which creep over the body and are designated by the German as "a cold fever;" pains, basic and fulgurating; achings that make the volition servant to the emotions are present; lachrymation, red, sore-crushed eyes; sneezing, sore nostrils, dry and smarty or discharging thin watery, thick gray, profuse sero-mucous, or slugs and scabs. The throat is red, clouded, puffy and sore, *very* sore. The glands at angles of jaw are swollen, and sore, and the sterno-cleidomastoid muscle is sore, stiff and drawn. The root of the tongue is sore, as are also the gums, which are tender and bleed easily. The headache is intense, in the base, over the eyes, in the temples, or in the vertex. The optic nerves seem too short, the Eustachian tubes are sore, stopped up and crack when swallowing. The ears feel full, the concha is sore, stopped, and tinnitus is present. The larynx is sore, tears when coughing; the voice is weak, hoarse, or absent. The chest is sore, the intercostals are neuralgic, the diaphragm is sore and painful on coughing and respiration. The stomach and abdomen are sensitive, and filled with pains.

The abdominal sympathetic plexuses are all sensitive, the back aches, the hips and legs feel sore and bruised. The pulse is rapid, the heart unsteady, weak, violent, or slow. The fever is erratic, high or lateral subnormal. The cough is at first dry, then moist, with profuse expectoration and there may be hyper-salivation and an excess of mucous secretion. Nausea, hoarseness, retching when coughing is often met. There is anorexia with thirst, or more often with but little desire for water, disproportionate to the temperature. The urine is burny, scant, high colored and loaded, and there is usually constipation, but diarrhœa is sometimes present.

There is dizziness, a heavy feel in head, a half intoxicated attitude. There is insomnia, or a somnolent state, a stupor in which the patient is not asleep, but desires to keep the eyes closed, not so much from photophobia, as from loss of strength to keep them open.

There is mental depression, and maybe delirium; delusions and hallucinations. The nerves are sore all over the body. The patient is restless, spiritless, and delirium may be present early in the attack, the skin is dry or the sweat profuse. The fullgent pains, stuffy breathing, headache, backache and bone pains make the patient generally very discomfortable.

While the attck usually begins in the respiratory mucosa, there may, at any time, be a metastasis to any other portion of the body or to some vital organ.

The disease may spend its greatest force on the nervous and muscular systems, but it may traverse the whole alimentary mucosa levying tribute upon every tissue and function. It may assume a typhoid, malarial, rheumatic, gastric, bilious, or pneumonic type.

The tongue is red, flabby, thick, coated white, yellow or dirty with red edges, and very large papillæ towards the back portion, and this organ is protruded tremulously, as it is in deep-seated central neurosis. Slight hæmorrhages take place from the gums, the throat and post-nares, and severe epistaxis occurs in an occasional patient.

The pharyngitis accompanying the grippe is peculiar, in that the pharynx is exceedingly sore, out of all proportion to the swelling: the very red throat, shiny, granular, or clouded, is accompanied by a marked hyperæsthesia that renders deglutition almost unbearable; this hypersensitive condition of the throat resembles very much Rhus, Baptisia, Lachesis and Myrica cerifera.

The naso-pharynx is sore, burns, and smarts by air contact, and the scales of dried serum forming in the vault are hard to dislodge.

There is soreness over the short ribs on one side or on both that has not been seen in any other condition treated by the writer. It resembles a pleurisy or a neuritis of the lower intercostal nerves—or of the phrenic nerves. This hypochondralgia is not often met with in any other disease.

Intense and persistent neuralgias occur in different parts of the body, and congestion occurs in the brain and cord meninges, as is shown by the sensitive brain on cranial percussion, and in localized tenderness along the spine; and by paræsthesias on the cutaneous surface and in the viscera and the limbs.

Meningeal congestion is also shown in the vaso-motor states in the skin which shows up very plainly after the end of the finger is drawn, with a quick stroke, and snug pressure along the surface. This proceeding evidences the "tâche cerebrale" almost as vividly as it is developed by the same process in meningitis or serious nerve troubles. The chemosis and capillary engorgement shown in the face and the ear lain on shows the disorganization in the blood integrity, with distortion and engorgement due to vaso-motor paresis.

The mental state in the grippe patient is sleepless, with hypochondriasis and morosity. He is choleric, despondent, or emotional, with troubled, dreamy sleep just as the toxæmia chooses to play upon his liver, stomach, meninges or on the floor of the fourth ventricle or the cerebellar meninges. The patient worries over trivial matters. When the high temperature suddenly lowers by crisis, there is a profuse, musty perspiration. Those who have had a hot, gushing, watery diarrhœa become very weak at the sweat stage and the hitherto nervousness is increased during this period.

Constipation is the commonly met bowel condition in grippe; a constipation that is different. It is persistent long after the grippe is passed. The evacuations are black, dark, light yellow, or variegated, hard, compressed, irregularly shaped marbles, balls, scybala, chunks, or slugs; or they are of brown or blackish sandy formed material, the latter being oftenest seen when there exists a semi-chronic inflammation of the colon, known as sandy mucous-colitis.

The constipated stool is usually accompanied with a quantity of mucus, serum or fibrin, or the chunks of stool may be enveloped in muco-fibrin.

In these cases there is a hyperæsthesia of the solar-plexus, the hypogastric plexus, or pelvic plexus of sympathetics, with aching, pain, and tenderness in the abdomen, accompanied by cutaneous and deep visceral hyperæsthetic areas.

The œsophagus inflames, is sore, and feels too short, producing pain and distress in the substerno-mediastinal space and over and above the pit of the stomach.

Baume's sign of irritation to the sympathetic cardiac plexus manifests in retro-sternal pain and aching, with more or less involvement. The stomach receives its share of pain, cardialgia, gastrodynia, tenderness, and bloating, with endogastric irritation and inflammation, which is accompanied by a gurgling and swashing of the contents, with anorexia, nausea, and enteralgia.

An acute attack of stomach grippe may be followed by chronic gastric or gastro-intestinal catarrh. Both of which diseases are made much worse when they are found in the patient prior to the attack of grippe.

The abdomen bloats, is tender to pressure and touch, motion or jar; is filled with gas which is forced here and there in the gut, croaking like a bullfrog or like water running from a jug.

The patient looks sick enough for typhoid; his eyes are sunken, and surrounded by shaded rings, his skin is mottled and copræmic, his fever is continually high, he looks sodden, livid, or pied, and his expression is that of inebriety. He looks like a typhoid, acts like a patient with rheumatic fever, and suffers like one with cholera, if he has the accompanying diarrhœa.

He has a determination of blood to the cutaneous capillaries of the whole surface which shows in the skin as an erythematous eruption, in patches of pied lividity or in a petechia like German measles, and this gives ground for the claim by some that grippe is an eruptive disease.

The colon participates in the visceral involvement and may become impacted at either the sigmoid or the cæcum, most often the latter location.

As a concomitnt of this impaction, or by continuity of tissue the inflammation going on in the colon may extend to the whole mucous lining of the colonic pouch, ilio-cæcal valve, and appendix or to any one of these singly, producing typhilitis, or appendicitis, or the inflammation may aggravate at the sigmoid flexure and below it, causing a proctitis, which in cases with previous hæmorrhoids causes much pain and perineal discomfort.

If, as in many cases of grippe, the duodenum is inflamed, the gall duct may be invaded, and congestion and engorgement of the liver with gall stones, jaundice or suppurative hepatitis may ensue. This yellowing of the skin is very different from the Indian colored copræmia seen in nearly all cases that have the colon involvement with the resorption into the blood of the taurocholic and glychocholic acid, together with the bille rubin and bille verdin of the effete bile excreta.

There is no question but the absorption of the tauro-cholate and glyco-cholate of soda from effete sources favors the formation of gall stones.

The "finicky" condition of the heart in many cases of grippe is due to two immediate causes. To the congestion in the cervical portion of the spinal cord, and to the reflex effect produced on the cardiac sympathetic plexus, by disturbance

of the par vagi through the liver or stomach irritation, palpitation, tachycardia, bradycardia, cardiac asthenia, vertigo and amaurosis, with an unsteady, intoxicated feeling in the head are often seen; and sudden death from syncope and cardiac asthenia has occurred.

The loaded condition of the blood favors nephritic engorgement and infaction; and Bright's disease has been caused by the grippe.

All patients suffering with pre-existing nephritis, bronchitis, asthma, fatty heart, emphysema, mitral insufficiency or gastro-intestinal catarrh furnish so ineffective resistance to the grippe that any one of these chronic afflictions is cause for alarm in the grippe patient. If they are not placed on the mortuary list, they may be invalided, or, at least, have a very tedious and extenuated recovery.

Some cases of grippe have marked the point of invasion by pulmonary tuberculosis in those predisposed, and in those living in close association with consumption which exposes them to the infection.

The mucous membranes, in grippe invasion, are highly inflamed, the congestion is so great that vaso-motor paralyses result, when the membrane shows a shiny, livid, purplish tinge, or fiery red and glassy or granular in patches of incipient ulceration.

There is, after a time, a profuse catarrhal exudate takes place on the mucous surface; while into the meshes of the mucous membrane there is extruded an albuminous material that thickens the membrane and causes it to feel thick and cumbersome to the patient; as though a foreign substance were plastered and dried on the surface of the membrane.

This thickening remains long after the acute attack of grippe is past; it retards convalescence and helps to keep up a catarrhal discharge. It inhibits anabolism and catabolism in the membrane and excites mucous glandular activity, keeping the membrane undernourished, promoting degeneration and ulceration.

Latent chronic lesions are stirred into activity by the grippe, and the possibility of a complication that may be present in any given case is only limited by the number of cavities and organs in the body.

Suppurative inflammation may arise in the middle ear, frontal sinus, highmorian cavity, ethmoid cells, peri- and intra-tonsillar, in the mastoid, in the liver, the appendix, or the cervical lymphatics. While catarrhal inflammation may exist as a concomitant in the Eustachian tube, middle ear, antrum of Highmore, frontal sinus, mastoid cells, pharynx, larynx, œsophagus, bronchia, stomach, intestines, appendix, kidneys and bladder. And lobar interstitial pneumonia is a frequent and often fatal complication.

The pericardium and heart may suffer serious metastatic inflammation.

Neuritis, peri-neuritis, nephritis, cerebritis, and cerebro-spinal meningitis, and cerebral abscess, have each been met as a complication of grippe. As have also melancholia, mania and insanity.

Recovery from grippe is usually accompanied by a cough, which is racking, violent and exhausing, with a loss of flesh, strength, aim and ambition. The prostration during and following an acute attack of grippe is largely due to toxæmia, which poisons the nervous system in a similar manner to that seen in post-diphtheritis conditions.

The mental hebetude of intoxication, as the case may be, due to intestinal toxæmia,—to loading of the blood with detritis which should have been eliminated, is similar to typhoid, septic, scarlet, diphtheritic or meningeal fevers.

I believe that adenoids is, in many cases, a sequence of the grippe.

I desire to call especial attention to three complications of grippe, not because of their being more frequent, but because of the greatly increased danger to the patient and the difficulties encountered in treating them.

These are mastoiditis, appendicitis and sandy-mucous colitis. Dr. Hooker, of Hartford, Conn., says: "There is one organ more likely than any other to be affected in any epidemic of grippe, and that organ is the middle ear. The grippal inflammation travels by continuity of tissue from the post-naso-pharynx up the Eustachian tube to the cavity of the middle ear, often resulting in abscess.

We all recognize the danger to mastoid cell involvement when there is suppurative bacillary disease of the tympanic cavity.

The inflammation passes from the middle ear through the antrum and other openings in the posterior wall of the cavity, into the mucous lining of the mastoid cells, and you all know how anxious you become for the safety of the patient when you suspect a beginning mastoid inflammation.

It is much better to have the disease controlled in the nose or throat, or even in the middle ear, as many cases of suppurative mastoiditis require an operation, and may destroy life, hearing or the normal contour of the surface, any one of which is a serious matter to the patient.

Adenoids, mastoid disease, and enlarged tonsils have each been more common since the introduction of grippe in the United States.

Appendicitis, as you can each testify, was hardly known twenty-five years ago, or prior to eighteen hundred and ninety. Since that time thousands of cases of appendicitis have been operated on, and as only a small per cent. of cases have been operated we are convinced that many thousands of cases have occurred. It is not over-estimating it to state that there has been one death from appendicitis in every Congressional township in the United States; this would aggregate an appalling total of deaths from appendicitis during the last twenty-three

years of one hundred thousand, four hundred and fifty-seven persons; and, as not more than thirty-three and a third per cent. of the cases died, that would indicate that we have had in the United States, exclusive of Alaska and the Philippines, three hundred and one thousand, three hundred and seventy-one cases of appendicitis.

I think it very conservative to say that fifty per cent. or one hundred and fifty thousand, six hundred and eighty-five of these cases are superinduced by the grippe.

Colitis, typhilitis, and pseudo-appendicitis are commonly met in cases of alimentary grippe. The mucous tissue leading from the colon into the appendix carry the bacilla-catarrhal invasion into the blind pouch, which is illy able to rid itself of any kind of inflammation. The rest of the process is a, b, c, when we once get an inflammation started in this under-fed and easily degenerating organ.

I have treated about thirty cases of appendicitis during the last two decades and I have never seen a case that did not occur in one previously sick with grippe.

The clogging of the colon with chunks and scybala, and cæcal impaction, *both* favor inflammation of the appendix—hence, copious soap-water and salt water enemata are prophylactic—and I am in thorough accord with colon flushings during, and in *some*, for a long time following, an attack of alimentary grippe, and have used this prophylaxis in hundreds of cases, with satisfactory results.

The complication which I now desire to call your attention to is that very formidable, life-destroying, health-plaguing, chronic sequella of grippe recognized by its characteristic bowel evacuations and by its harmful effects on the comfort, pleasure, and mental peace of the persons thus suffering, and by its utter disregard of the physical health and well being of the one in whom it lingers, and exacerbates at every slight cold, mental worry, or ever-exertion.

In this country this disease is known as pseudo-membraneous-colitis or mucous-colitis. In France it is named by Dr. Dieulafoy, a member of the Paris Academy of Medicine, as "Sandy Colitis."

In this very chronic ailment the colon is the seat of a most formidable, sub-acute inflammatory process, which renders it a secreting organ and because of its degenerated and deciduated epithelium it becomes also an exit for quantities of serum, fibrin, and in some cases pure blood, that leak from its surface in toto or from irregular limited areas.

The secreting powers of the colon are augmented, and are very great, it being able to sap up the contents of the bowel, as it is slowly moved from crypt to crypt and from sulcus to sulcus, every bit of the moisture held by this effete matter, pressing the stool into hard, round or elongated balls, and slugs, the size and shape of the sulcus each fragment occupies. These scybala are as hard as if moulded and dried and are in many shades of coloring, and of various sizes, from that of a hickorynut to that of a grain of flax seed.

In some cases the fæcal material is dried in a more or less thin layer against the mucous lining of the colon and when it does loosen and is expelled it is the color and size of brown, gray or black sand.

The pultaceous mass which is poured into the colon at the iliocæcal-valve is thus treated in the colon in a manner that enhances constipation, retards peristalsis, and helps by its presence in the lumen of the gut to irritate the mucosa. Is it anything to be wondered at that under such colonic irritation we should have typhlitis, proctitis, pseudo-appendicitis and appendicitis?

The absorption back into the circulation of all the liquid portion of the fæcal material takes back also into the circulation much of the debris held in solution in the liquid. The taurocholate and glycocholate of soda, bille rubin and bille verdin, and toxines produced by bowel fermentation; all of these reabsorbed substances are poisonous to the blood, the nerves, and to the normal functionating of the heart, brain, kidneys, liver, lymphatics and skin.

A sleepy mood, mental dullness, mental semi-intoxication, an all-tired and worn-out feeling, loss of tone, a wet chamois skin feeling, dark-circled eyes, burning scant, high-colored urine, full of phosphates, or of albumen, epithelial cells and indican are all met often.

The general debility is further enhanced by the hyper-mucous secretion, and the leak of fibrin, corpuscles and blood from the colon.

You, who have treated these cases, know how persistently they baffle any and every measure used to help them.

The patient is only half able at best to follow his or her occupation, or to enjoy life: while each ten days or fortnightly, from an over-taxing duty, an indiscretion in eating, a slight cold or de novo there comes an exacerbation which destroys hope and robs his volition to get well.

These cases do not die (sometimes they wish they could), but it is hard for them to keep alive, and life with them is a miserable existence. They are dyspeptic, emaciated, neurasthenic, hypochondriacal, hysterical, melancholic, with a mania suicidal in type.

Impaction, dilatation and mucous degeneration with a most obstinate constipation, each or all, may be the immediate or long delayed outcome in these cases, any one of which will put to the utmost test all the methods and skill the physician can muster to his aid.

With none other than these three complications of the grippe in mind, we can readily see the urgent necessity of treating with respect an attack of grippe in its mildest or severest variation.

The greatest care should be used to avoid taking cold, the patient should remain quiet, better in bed, where absolute relaxation can be had, and a freedom from draughts and chilling of the body can be had.

Remedies should be used to control the fever and promote elimination through the skin and kidneys. And I have universally resorted to very effectual copious colon flushings to promote bowel elimination and prevent toxæmia from colon absorption.

A hot bath, if you have the facilities at hand, is an effective mellower of nerve erethism and aids in lowering body temperature. I also urge the use of aqua-pura perorum as an aid to elimination and, strange as it may seem, most cases are not thirsty even though the fever is high. This thirstlessness is in marked contrast to that seen in rheumatic, gastric, enteric, malarial, or any of the eruptive fevers, and it is present in enough cases to make it the rule.

I have as much faith in the efficacy of the potentized remedy prescribed pathogenetically in this disease as in any other, and I have more faith in the homœopathic treatment of diseases of all kinds that are amenable to internal medication than I ever had. And I believe the most successful treatment of grippe and its complications is *symptomatic*. A close study of the symptoms will reveal the indication for the curative remedy.

I have not the time to discuss the therapeutic treatment at this time. (Indiana Institute.)

The Pennway Bldg., Indianapolis.

THE IMPREGNATED WOMAN—THINGS THAT MAKE FOR PEACE.

BY DR. GEO. T. ELY, UTICA, OHIO.

MY subject interdigitates very closely with and, in fact, is largely covered by the two preceding subjects, "Hygiene of Pregnancy" and "Therapeutics of Pregnancy," therefore, it will not be the purpose of this paper to go into details upon all the possible pathological conditions of pregnancy with the various preventive measures, but, rather, to emphasize the importance of this part of obstetric practice and to urge a closer watch of our prospective maternity.

The science of medicine is becoming more and more one of prophylaxis rather than of cure. Physicians are everywhere trying to educate and instruct the public in the principles of hygiene and right living, thus enabling them to avoid many of the ills and afflictions of life. In no other branch of medical practice than in that of obstetrics are preventive measures more successful. Nowhere is the proverb more true, "A stitch in time saves nine." By keeping the pregnant woman constantly under observation, she may, by proper hygiene and careful homœopthic prescribing, be spared many of the troubles that are likely to arise in that trying time. And, to me, it seems more praiseworthy to be able to avoid trouble than to be skillful in combatting it after it has arisen.

A very important part of the physician's work is educational. It is his duty to instruct and educate the laity in these matters. People do not seem to realize the dangers or the possibilities of the pregnant state, and it seems to me that the general practician, into whose hands the greater part of obstetric work falls, is not fully awake to his opportunities. He should impress upon his patient the importance of putting herself at once under his care and reporting to him all symptoms, no matter how trivial they may seem to her. Many women go through this period and suffer from many annoying and even dangerous symptoms that might be corrected were they not suffering under the delusion that these things must be. Frequently the call to attend the woman in labor is the first knowledge that the physician has of her being pregnant. This would be of less frequent occurrence if physicians put enough stress or emphasis upon these matters and impressed upon them the importance of keeping in close touch with their medical attendant at this time. It is really surprising how many *physicians* are careless and neglect even as important a matter as asking for urinary specimens unless some special symptoms demand it. It is our duty to give more attention to these things and educate and enlighten our patrons therein. They may have a better appreciation or understanding, perhaps, from a conversation with the physician, but it is an excellent plan to have printed cards with instructions in regard to hygiene and manner of living, and with special mention of symptoms that may mean trouble, *e. g.*, headache, dizziness, nausea, scant urine, swollen feet, etc. These and many other symptoms are the precursors of trouble and by promptly reporting them to their medical attendant the patient is often able to escape many of the sufferings and dangers that are threatening. In the field of obstetrics there is a bountiful harvest to be reaped by giving attention to preventive measures, and yet, I believe, as a rule, it is the field in which least attention is given to prophylaxis. We seem to forget that pregnancy is a physiological process and that it should be free from the many annoying symptoms that are so common at this time. It is true that we all meet cases that baffle our skill, yet by careful hygiene and medical attention we may be able to smooth the way and escape many unpleasant and dangerous experiences.

One of the most important factors in maintaining peace is a proper mental attitude in our prospective maternity. This is true not only literally, as it applies to peace in the home life, but also in a figurative sense, as applied to the bodily health. Metabolism is profoundly affected by the state of mind; and good metabolism, good

pure blood, and good general health not only supply strength for the final ordeal, but they form an efficient safeguard against infection. It is, therefore, our duty not only to study the woman's sensitive nature, and encourage and assure her, but by judiciously talking with the husband or others in the home they may be made better able to understand her, and to gently overlook her faults and cater to her whims. Her disposition is frequently entirely changed; and especially is this apt to be true when the knowledge that she is pregnant is a very unwelcome discovery. Then, while her disposition may not be as pleasant and loveable as at some other times, yet these things should be overlooked. Then, if ever, she needs her husband's love and affection. Nothing is more important in the making of peace, both literally and figuratively, than to feel that she is the object of real love and sympathy.

The urine of the pregnant woman should be examined frequently and measures instituted at once to correct any abnormality that may be discovered. The amount of daily secretion should always be noted, and it should be examined for albumen, urea and casts. And it is not enough to simply examine it through the latter months of gestation. Recently, I have had a case of marked albuminuria in a patient at the third month, which I have been able to clear up entirely; but I require frequent specimens lest the trouble may return. If we, as physicians, are alert and watchful, and if we can only educate the laity to the importance of the pregnant woman's putting herself under the doctor's care, how many calamities might be avoided.

Toxæmia, with its morning sickness, and other manifestations, demands more careful attention by physicians. Some of my most trying experiences have been in attempting to alleviate the nausea and vomiting of pregnancy, and I am sorry to say that I have not always been successful. Physicians, and especially of the old school,—pay so little attention to these things, and treatment has, in so many cases been void of results, that people are inclined to believe that these things must be and do not think worth while to consult the doctor in regard to them. Yet most of these cases can be relieved by good advice and careful prescribing. It is essential that we have good elimination. We should see that not only the kidneys, but the bowels are working properly. Many cases of toxæmia and albuminuria that have persisted in spite of my best efforts to apply the similimum have yielded to the use of saline laxatives to clean out the intestinal tract.

Exercise is another important factor and is sometimes difficult to regulate. Among the poor and the hard-working classes the mother is often weakened and exhausted from overwork, or too much exercise; while, on the other hand, others, through timidity or false modesty, shut themselves in and thus avoid the exercise to which they are accustomed. Judicious exercise is highly beneficial. Especially valuable is walking in the open air, which supplies, together with the pleasant diversion, plenty of fresh air and oxygen, thereby increasing metabolism, insuring better elimination and developing and strengthening the muscles for the strain that they must soon endure. Getting out into the air and associating with pleasant companions helps to overcome despondency and fear, and mental attitude is highly essential.

One of the physician's first duties to his patient is to send her, at once, to her dentist to have her teeth put in order. As a rule, unless there is a tendency to abort, I advise them to have done whatever is needed in that line, although an anæsthetic may be advisable for the severer operations, such as extracting. Dental caries can, to a great extent, be avoided by the free local use of alkalies and by correcting the acid dyspepsia that is largely the cause of it.

Another thing that I wish to emphasize is the need of better preparation for obstetric work. The physician should not only be able to make the correct diagnosis and recognize the danger signals, when they are first discernible, but he should be sufficiently equipped and skilled to promptly meet the demands of the case. Frequently life or death depends upon immediate action. Especially is this true when the attendant finds himself face to face with a profuse hæmorrhage or the awful spectacle of a woman in eclampsia, both of which calamities would be of less frequent occurrence if proper precautions were taken. Many a valuable life is lost through lack of these precautions or lack of preparation for the special work on the part of the attendant.

The physician should respond promptly to the call. There are many abnormalities that may be discovered and corrected if seen early enough. A careful examination should be made before labor begins to determine the size and conditions of the pelvis, position of the fœtus, etc., in other words, to obtain our bearings.

Great care should be taken to have things as nearly as possible in an aseptic condition. Where we have no graduate nurse, as is the case in most of my obstetric work, to obtain this end requires a good deal of painstaking instructions on the part of the physician, for, while people have a vague idea concerning asepsis, yet very few have any real conception of what surgical cleanliness means. And there is often more or less carelessness on the part of *physicians* in this respect. Often due caution is not observed in the preparation of himself or patient, and many gynecological patients owe their condition to unclean or careless medical attention. Septic infection often follows in consequence of his going into the obstetric chamber with unclean hands or instruments or clothing. Or he may be particular

along some lines and neglect some little thing that may be fatal. I remember how our old professor in obstetrics and that not a great many years ago, after telling how to cleanse and prepare the hands, later suggested the use of the lead pencil to puncture the bag of water. I hope there are not many of my class to-day following that instruction. A frequent source of danger is the old and much-used obstetric bag, and I am always suspicious of the Kelley pad unless I know that it has been thoroughly sterilized. The use of sterile paper sheets, which can be used but once and then burned will obviate that danger. The use of rubber gloves is also highly advisable, since they are not only safer, but the mental or moral effect is worth considering, and people will soon begin to talk of the doctor who is cleanly and careful in his obstetric work.

Upon the obstetrician's personality or manner in the sick room hinges a great deal of his success. In no other class of cases is self-control more imperative. The patient studies his actions and facial expression as well as his words, and therefore his whole bearing should be such as will encourage and assure her. If he can come into her room with an air of confidence in his own ability, this acts as a favorable suggestion to the patient, and the effects upon the progress of the case cannot be denied. But let him get nervous, or, in common parlance, "rattled," and the disastrous effects are as certain.

THE TUBERCULINE TREATMENT OF TUBERCULOSIS.*

BY L. C. M'ELWEE, M. D., ST. LOUIS, MO.

NOW that turtle serum has been discredited it may be of interest to take time to examine the claims of a remedy against tuberculosis which has had its "ups and downs" and is again clamoring for another favorable consideration. It was in 1896 that Dr. Koch proclaimed that he had discovered a cure for tuberculosis and named the remedy Tuberculine. Unfortunately for him in particular and humanity at large his dosage was faulty and although he had the right remedy his faulty dosage was productive of worse results than if the remedy was wrong in principle. This conclusion makes it imperative for me to say that Tuberculine is capable of doing great harm when improperly used. For it will augment the already present activity in the lungs and will hurry a patient on through what started in as a mild case to a rapid termination when given in improper doses. And there, indeed, is the rub. What is the proper dose and what the *proper interval for repetition?* This is the reef upon which Dr. Koch's 1896 barque was wrecked and which was not thought to be avoidable until somebody "took a tumble" to the guiding principle of Similia Simplex Minima, as proclaimed by Hahnemann in the latter 1700's.

Dr. Burnett, a homœopthic physician, practicing in England, as long ago as 1876, or twenty years before Dr. Koch, produced a preparation of essentially the same nature as Tuberculine, called "Baccillinum," for the treatment of pulmonary tuberculosis. The results following its use were so brilliant that, except among a small circle of Dr. Burnett's personal acquaintances, nobody would credit them. Right here is wherein the size of the dose cuts such an important figure.

Burnett had essentially the same crude material that Dr. Koch had, but whereas Koch gave his preparation (Tuberculine) hypodermatically and in doses of several milligrams at a time, Dr. Burnett ran his preparation up to the 30th decimal dilution and gave it by the mouth. Thus we see Tuberculine to have had two ups and as many downs. In the one case because of too much Tuberculine and in the other because of too little credulity of the people—it seemed *too easy!*

But somehow or another the so-called "Regulars" came to learn that Tuberculine in infintesimals had a wonderful effect in modifying favorably the tubercular process and began to reduce the milligram doses to thousandths, ten-thousandths, millionths, and, finally, ten millionths of a milligram. Dr. E. S. Bullock, of Silver City, New Mexico, read a paper before the A. M. A. at Los Angeles in June, 1911, in which he said, among other things: "All I know of Tuberculine I have learned in the school of experience. First, I had to learn that no dose larger than a millionth milligram is absolutely safe as a beginning dose; that occasionally marked reactions would be witnessed in afebrile cases in so small a dose as the .000008 mg. In such cases it became necessary to start with .0000001 mg. Now, except in very incipient *afebrile* cases I never start with a larger dose than that first named, and in the best type of cases with a dose no larger than .000001 mg." (Jour. A. M. A., July 29, '11, p. 388.) So far as I know Dr. Bullock is the sole representative in this country of the .0000001 initial dose, and to do him justice I opine that he finds it the exception rather than the rule to begin with so high a dilution (about the seventh decimal). My personal experience is that .001 mg. (the third decimal dilution) works very nicely to begin with.

Please bear in mind that the cure of tuberculosis by Tuberculine is based on the theory of immunization, and it owes its curative properties to its similitude to consumption. Immunization, in turn, is produced by administering a definite amount of Tuberculin to begin with which produces in the system what is known as a "negative phase." This lasts a greater or less time as is shown by the "opsonic index" and is followed by

*Read before the St. Louis Society of Medical Research, June 10, 1913.

a reactionary or after effect known as the "positive phase." Of course, the positive phase is dependent for its altitude on the depression of the negative phase. By repeating the dose of Tuberculine a succession of negative and positive phases follow each other. Each succeeding positive phase is, or ought to be greater, both in length and intensity than its immediate predecessor until at length no negative phase will follow the injection of Tuberculine at all. The subject is then said to be *immune* or—if they have been tubercular—cured.

This theory is not only a beautiful postulate, but it actually works out in the practice. And in purely incipient simple tubercular infection will positively *cure* 95 per cent. of all such infections; the extra pulmonary infections all the quicker. This figure is reached via the report of the Tuberculosis Congress in Paris several years ago when it was reported that in 96 per cent. of all post-mortems, in the province of Brittany, France, from all causes of death other than pulmonary, showed unmistakable evidence of healed tubercular lesions in the lungs. But the pure tubercular infection doesn't always stay pure and not even very long, but becomes mixed with strepto- and staphylococcus and other pathogenic micro-organisms. The writer holds that most of the rigors and consequent fevers, ulceration of pulmonary and vascular tissue, copious expectoration, hæmorrhages and night sweats—in fact, all the facies of pulmonary tuberculosis are chiefly if not quite all due to the mixed infection.

This hypothesis easily explains why all cases are not favorably influenced by Tuberculine alone. And also why it is *no service* at all in some more cases. This brings us to a place where every word shall be carefully considered. Because what we are about to say now, although intended for benefit, by means of the enthusiasm the words may create might be turned into the detriment of the very ones whom it is intended to help. Be careful now and read accurately.

There seems, happily, to be an efficient remedy against this pulmonary mixed infection in the mixed infective phylacogen prepared after the method of Dr. A. F. Schafer. To any one who has not observed the prompt action of this remedy the results will appear as little less than marvelous. The initial dose is 2 c.c., then 4, 6, etc., and may be repeated every five days as long as needed. There is nearly always a decided chill following an injection, followed by a rise of three or four degrees of temperature, which rapidly subsides and the temperature after that becomes normal or nearly so. How long a time is necessary to destroy the concomitant infection on a tuberculous lung I have not yet determined since I am using Phylacogen now only two or three months.

But I feel sure that by a judicious use of it the grewsome phenomena of consumption can all be averted. In addition to these two we have indicated the homœopathic remedy which must never be lost sight of. Sometimes this alone will cure, but more often does not. Whether because of family selection or inability is not the question, but the clinical fact remains that the remedy is not often sufficient to *cure* a given case, but is an enormous aid to the Tuberculine as is the Phylacogen. Please bear in mind that Tuberculine is the sovereign remedy—all others being aids.

Now to the curable cases. Of course, they are the *incipient* cases. After the patient and his friends are convinced that he has consumption the time for arrest or cure is probably past. And even when the physician finds them in the incipient stage, as described in the text books, the case has progressed a long way; ulceration, with breaking down of lung tissue, expectoration of tubercle bacilli, blood streaked sputum, etc., being evidence of this fact. A given case presenting these symptoms is still curable, but the time to accomplish the cure is very greatly extended—a year being a conservative general estimate.

But an incipient case, according to my personal estimate, may be fully arrested, *i. e.*, cured in three months and that, too, without loss of time from usual occupation or removal from present environments—climate, etc.

The writer has come to regard an incipient case of pulmonary tuberculosis to closely conform to the following: The patient first comes to the doctor with this kind of a story: Doctor, I want you to prescribe for my cough. It has been troubling me now for a month or more, or ever since I had the grippe. (Pneumonia, typhoid fever, measles or chills.) I have been to Dr. So-and-So and taken all the home medicine, but nothing does me any permanent good. Just a "nasty cough from a heavy cold," said Dr. So-and-So, although he didn't examine my chest.

Now is your time, doctor. If you will examine the chest of this person you will likely find dullness on percussion over some portion (usually the apex) of one or both lungs (usually the right), increased tactile fremitus, vocal fremitus, and whispered voice over the dull area; (alterations in respiratory murmur are not marked) and on inspection you *may* find a flattening or depression of chest wall at the same time. There is quite likely to be an abnormal sweating in the axillæ and maybe sweats at night. There is also usually some loss of strength and weight, although the appetite and digestion are still fine. The pulse rate is always markedly increased, and there is often a rise of .5 to 1 degree of temperature. Other functions are practically normal and the personal appearance has not become noticeably altered. So far, no tubercle bacilli may be found in the sputum which is usually scanty or may be entirely absent. Therefore, the diagnosis can only be clinical and is not confirmed by laboratory findings. The various Tuberculine

skin tests have not proven infallible, so that they may not be implicitly relied on. But our experience and observation goes to show that cases presenting all of the above symptoms *at one and the same time* usually "run into" consumption or become so that the microscope and the family and neighbors and the community at large can make the diagnosis across the street at sight. Let no one misunderstand me. One may have *any one* and possibly *some two* of the above named group of symptoms and not have tuberculosis. It is the *whole group* when present at one and the same time which warrants the diagnosis.

Then there is another surface indication which is ominous: When a patient presents him or herself and complains of chills (usually tertian type), having all the ear marks of malaria with the absence of plasmodia from the blood, and thirty grains of quinine given during a period of ten hours on the "well" day doesn't suppress the paroxysms for, at least, a week. If the physician will but seek, he will probably find all the physical signs of tuberculosis somewhere in that patient's chest, and finding them, no time is to be lost in instituting treatment. This patient had best stop work, but *remain at home,* where he or she may have the benefit of the personal interest, sympathy and companionship of family and friends. We regard it as nothing less than a cruelty to send such a patient away from home and among strangers, unless *bountifully* supplied with money, which may, in a way, furnish amusement and diversion, obtain companionship and supply sympathy. Even then one thus fortunately situated must overcome many vexations. Moreover, they must be under the direction and supervision of a medical practitioner in whom their confidence may not be full or with whom they may not be in harmony; whereas, at home, they have the family doctor and maybe the "specialist." If the "specialist" is one who has developed into his specialty out of years of observation and experience, well and good, but if he be one of that despicable brood of "specialists *by announcement*" have a care! Barnum said that the American people love to be humbugged; we observe that not only is that true, but that they *insist on it.* The *specialist by announcement* has also observed this and fattens on the credulity and gullibility of the thoughtless public who vainly think that results may be bought at so much per, and that at the "specialists" is the certain depot of supply. How often do they awake to the sad fact that the said specialist has their money and they have experience!

Given a case, then, as described above, we have found, during the last three years in a series of more than fifty cases all but two of which has been cured or "arrested," that Tuberculine administered hypodermically in gradually increasing doses (we have used Behring's serial dilutions) has been quite efficient and satisfactory. The *repetition of the dose is the most important item of the treatment.* We have found the fever thermometer to be the chief arbiter of that question. The temperature should be taken daily by the patient or nurse at 8 A. M., 12 M., 4 and 8 P. M.

After a dose of Tuberculine in the febrile cases there will usually be a rise of temperature, indicating the artificial "negative phase." This will gradualy subside, in a greater or less time (usually three or four days), to normal and remain there for another three or four days when it will begin to climb again. This is the termination of the positive phase and the time to repeat the dose and *not before.* In the afebrile cases it is apparently safe to repeat the dose once a week, gradually increasing the amount about 33 per cent. It may be found after a while that a dose will be reached which causes a reaction. The patient has then reached a point of intolerance for the remedy and the dose is too large. So we must make a careful record of this dose and drop back about ten doses in the series and come up again to the point of intolerance previously reached and which may then be passed without a reaction. But the "negative phase" or "aggravation" incidental to the maximum dose must have all disappeared and, at least, ten days allowed for the "positive phase" to run before the smaller dose may properly be resumed.

In the febrile cases is where the Phylacogen comes in with so much advantage. It removes the febrile element of the case, the strepto- and staphylococcus and makes the sailing comparatively easy. During all this time the patient shall have been taking the "indicated remedy," which shall be carefully selected before the Tuberculine is given at all and then given most carefully. This will usually be found to be one of the deep-acting antipsorics like Lime, Silica, Sulphur, or one of the Kali's. So far we have not felt it necessary to prescribe any special diet. We have explained to the patient the enormous importance of eating well, but have left them to eat what they craved and relished most. But they *must eat.* Alcoholics are generally interdicted, and sleeping as nearly as possible in the open air is imperative. Strenuous exertion also is, of course, prohibited, but those occupations which do not involve either mental or *physical stress* are not discontinued. Twelve weeks is sufficient time for cure of the earliest incipient cases, twenty-four to thirty-six weeks for those just beginning to show t.b. bacilli, and one year or longer for those a little further along.

For those advanced cases, while not offering a cure, we can promise great palliation, and can divest them of most of their horrible features. Their progress toward the inevitable made much like the dissolving stereopticon view on the screen as they sink into the River Styx without much more than a ripple of its darksome surface.

CANCERINUM, LYON.

BY THEO. H. WINANS, M. D., MEXICO, MO.

WHEN here, two years ago, I learned of this new remedy and secured a graft in the 30th potency. Over a year passed before I could get the 200th and 1000th potencies. I had written to Boericke & Tafel, Chicago, that the remedy was a result better even in the 30th and was promised higher potencies and, finally, received them.

I can give only clinical symptoms of this remedy. Many symptoms that we use in our well proven remedies are clinical symptoms, and are allowable. In a recent journal I find this in substance:

"Provings of remedies are not continued to the extent of producing tissue alterations, but when, as the result of the reaction of a remedy prescribed on a patient's symptoms, resolution of existing tissue changes occur, these symptoms become reliable clinical symptoms of the remedy."

Take for your patient, who shall receive this remedy, one in whose family you find a history of cancer or of its kindred diseases, such as syphilis, paralysis, epilepsy, chorea, cataract, recurrent ulcer in the mouth, nurse's sore mouth, erysipelas, renal colic, milk leg, ingrowing toenails, eczema, insanity, and deaths in infancy.

The symptoms of these patients will furnish a very good working temporary symptomatology for use of the remedy; such as:

Terrific headache, worse over one eye, in vertex or occiput; sick headaches, obstinate constipation, bilious attacks with their pains in stomach and abdomen, choking if tries to swallow solid food, distended abdomen with pains and griping from gas, dog stools that Phosphorus fails to cure, vertigo, sees but the right half of objects, polypi, adenoids, phthisis, diabetes, nausea and faint between meals, better by eating again, can't eat a full meal because gets so full has to stop, tired all the time, bets up tired in the morning, skin dry, can't eat sweets, puts hot feet out at night from under covers, rumbling in upper left abdomen, hæmorrhage from bowels, and summer diarrhœas.

With cancer on the increase this remedy may find a large field for its use not only in the treatment of cancer, but in the treatment of many ills that may have a cancer cachexy for their base.

I will report three cases rich in symptoms as samples of all the cases from which these symptoms have been obtained.

Case 1. Mrs. U. Was called to see her January 24th, 1912, for vomiting, diarrhœa, and cramping at her monthly period; Nux vomica soon cured. January 27th she concluded to have me treat her for her chronic troubles. Had been in poor health many years. As a resuult of the use of antitoxine for laryngitis two years before, her voice had not been clear. She could not smell nor taste anything, not even turpentine nor camphor. She could not lie on left side, because it made the heart beat too fast. Her color was bad—sallow. She urinated often day and night. Cross and irritable. Had to wear a corset to relieve a backache below scapulæ. Much belching of gas. Face, feet and hands swollen mornings. Had one hæmorrhage from bowels. Habitually constipated. Ravenous appetite, eats even in the night to relieve a caved-in feeling. Arsenicum 200 corrected a sleeplessness at night.

March 23, Cancerinum 30th was given for the constipation, and again, April 1st, the constipation was relieved and she was so much better in every way that she thought she could stop treatment, but, April 13, she was troubled as bad as ever with the gas and distended abdomen; Dioscorea was given without results. April 19th, Cancerinum C. C. was given, with complete relief of all symptoms again, till May 27, when Cancerinum C. C. was given again. This prescription was followed by a strong aggravation of all symptoms. June 4, Colchicum was given on the bladder symptoms. These were relieved in a very short time. I believe Colchicum and Cancerinum are close similars. Patient dismissed well and in better health generally than for many years.

Case 2. Mrs. B. This was a most interesting case, because she was under the treatment of two homœopathic oculists for eighteen months after the failure of her allopathic oculist in Mexico.

As far back as 1891 she was a patient of mine for uterine troubles. Some of her symptoms then were offensive foot sweat, ringing in ears, gums bleeding easily, a scar on left side of neck, where a scrofulous tumor had been removed.

In 1807 she came to me again for enlarged spleen with sensation of a large hole in the back opposite, and knife-like pains when inhaling. Throat closes if she goes to eat and chokes her. Menses but show each month for the past eleven years. A dull, heavy pain in region of left ovary, with occasional sharp, shooting pains. Pain in vertex as if top of head would come off, extending down left side of neck. These headaches before or after menses. Sometimes between. They lasted two or three days. Her mother and a sister died of consumption. Thuja cured the hole in the back and Silicia the offensive foot sweat.

She came again, in 1901. Had coughed all winter. A polypus had been removed from womb and womb curetted. Bacillinum cured this time.

She came again, April 29th, 1911, she could see less than half of objects looked at if she covered her left eye. Terrific headaches, lasting two or three days. Pains across vertex or occiput. Eyeballs ache to bursting, if sews. She could not balance well with her eyes shut. Perspires easily, night and day. Hair wet. Belches

much every P. M. Vertigo if lies on back, worse if turns to right, better if turns to left.

Having come to me this time after eighteen months of homœopathic treatment I thought there would be no need to try to find the indicated remedy by repertory work on the patient's symptoms, so I prescribed on the bent and gave Cancerinum 200th.

She reported, May 8th, that the headache was cured and no return to date, but just a touch of it this morning. Has been coughing since last October, worse since a fresh cold a few days ago. Has coughed all winter. The cough stops in the spring, but has not stopped this spring. A wheezing cough at times, but not wheezing for a long time till night before last. Hoarse, towards night. No belching since the Cancerinum till a bit yesterday, and has not had the sleepy heavy headache since. Head has felt clearer than since last summer. The vertigo not better. Vertigo if stoops after first getting up in the morning. Gave Sac lac.

May 18th. Reported aching eyeballs, the first since the Cancerinum was given, and one terrific headache, for the past three days. No headache now, but eyes blurred. Gave Cancerinum.

May 31st. Reported no more headaches except a little touch of headache now and then and eyes have not hurt except just a little while once. She can see better out of the left eye. Can see nearly all of one's face now.

Has a leucorrhœal discharge, bad at times; cervix and vagina sore at times. "I feel so different and don't have those headaches!" she said.

July 25th. She can see all of one's face now. "The Black pall," as she called it, that hid the left side of everybody's face for so long is gone. Covering her left eye, my left ear and left eye look smaller to her. This is all that is left of that trouble and scores one for Cancerinum.

A slight mist over left eye, and left eyelid heavy. Her belch has the taste of rotten eggs. Her tongue has a white, slimy coat. There is vertigo when turning the head to the right when lying. Gave Cancerinum C. C.

August 4th. Was called to see her and found her suffering with an attack of renal colic, right ureter. Prescribed Cantharis. She showed me what she feared to be a cancer on the nose that produced deep pains on pressure. A kind of lump or pimple shedding off crusts from time to time. It had been present many years. Dioscorea was given August 5th and Lycopodium August 11, as the soreness had not yet cleared up. August 31, return of pain in R. groin, extending to the knees and pain in right hip to knee. Sensation of ridge in right groin as large as arm when stooping. Gave Lycopodium.

September 16. Still suffering with soreness in region of R. ureter. Gave Sepia, thinking to correct past few prescriptions and then gave Cancerinum again, but a short time later she was thrown from a buggy on a paved street in front of an allopathic physician's home and carried in there. She was unconscious three hours and his patient ever since. I saw her recently and learned that the black pall never returned nor the terrific headaches.

Case 3. Mrs. E——. Aged 71 years, came May 2, 1912, reported an eruption like hives that was suppressed three months ago. Now chokes, and vomits mucus that looks like the white of an egg. Food stops in œsophagus. Raw tongue on R. side. Her mother died of cancer. Gave Apis, thinking it hives on mucous lining of œsophagus.

May 8th the rash returned, but the choking was no better. Gave Lycopodium. May 17, worse. Suffered all night with vomiting and choking. Gave Graphites.

May 18. Was called to the town where she lives, as they thought, during the preceding night, that she would not live. Gave Cancerinum C. C., which ameliorated the choking, but the "scratching" was worse—the nettle rash.

May 27th. Choking again. Gave Cancerinum C. C.

June 5th. Reported that all symptoms had cleared up, but as I was going away for two weeks I sent four powders, Cancerinum C. C., to be used if needed. They were taken soon, when not needed, and four days later an aggravation of all symptoms occurred.

I was on the Atlantic coast. She was urged to call in a home doctor, but would not, because, as I heard later, they had, all of them, given her up to die of cancer of the stomach before she came to me. She waited the two weeks in bed. It is well that I was away or I would have spoiled that case, probably. I would have given other medicine and thought the Cancerinum a failure in that case. At the meeting in Swampscott I learned that an aggravation often begins on the fourth day. So when I learned that after that aggravation she had steadily improved. I gave Sac lac. She was soon out of bed and about the middle of July considered herself well and stopped treatment.

September 18. I received a letter saying, that she did fine until now, but that she was now vomiting all food eaten again, and vertigo so bad that she couldn't lift her head from the pillow. Tongue thick, dry and cracked. Sent four powders, Cancerinum C. C.

October 18. Reported that all symptoms were removed by last prescription, except the vertigo, dull pain in l. side of head from ear to vertex. Hearing lost in left ear, and roaring and crickets in it. Hair coming out since last year. Rheumatism in left neck to shoulder. Sent one powder, Cancerinum m.

November 4. No better. Said she was about to start to California to see if change of climate would help her. Using repertory then on remaining symptoms, four powders of Conium C. C. were sent. Receiving no more reports, concluded she had gone to California.

February 2, 1913. Was called to her town to see another patient. Inquired about her and found she had not gone to California. Called upon her and found a well woman. Looking fine. Said the last prescription had finished the remaining smptoms. Query. Had Conium been exhibited in the first place, would it have finished all her symptoms?

Cancerinum helped me to hold these patients and many others that I might report. I think it will be proven another nosode equal in value to Psorinum, Medorrhinum, Variolinum, or Diphtherinum, after we learn how and when to use it as well as we know how to use them.

ANNUAL REPORT OF THE WORK DONE BY THE INTERNATIONAL HOMŒOPATHIC COUNCIL.

Preface.

INTERNATIONAL unity has been called into existence by many scattered suggestions made here and there during the past decade, but the sentiment of it only came to a focus at the eighth quinquennial International Homœopathic Congress, London, 1911.

The immensity of the work to be done and the recognition of the need of caution at the beginning caused the year 1911-1912 to be spent in ensuring a representative gathering for the first meeting of the Council.

But when this Council *met at Zurich*, August, 1912, it was apparent that the preceding twelve months had not been lost. Individuals had been considering what had best be done, and the full decision arrived at by those who went to Zurich seemed to prove that two things were of paramount necessity—viz.:

(1) General propaganda by means of literature or lectures or both.

(2) A closer bond of International Homœopathy, in order that the stronger might come to the aid of the weaker sections, and also, that the message of world Homœopathy might be developed into a stronger argument than could be possible with local presentments, delivered locally, which could be, and probably had been, misconstrued as representing mainly the personal interests of some individuals or body. A message conveyed to the laity, when delivered by an impartial—International—world-wide organization could only be for the good of all, and never open to the charge of personal benefit.

Hence the chosen executive found themselves with two orders to carry out. To prepare some pamphlet literature, which should be considered by the delegates at the next Congress: this has been done, and the MS. will be submitted for criticism or approval at this meeting of the Council.

The second mandate was to see how the International Organization could help any section which might request a helping hand.

The first executive meeting was held in Zurich, at the house of Dr. Mende, a vice-president, on Monday, August 12th, 1912, at 4:30 P. M. The moment was felt to be opportune, as there were all four of the elected executive officers present.

Moreover it had become evident that one of the elected officials could not undertake the manifestly arduous duties of secretaryship—if anything was to be accomplished for the good of the cause.

NECESSARY CHANGES IN EXECUTIVE.

So on August 12th there met, as above stated, Drs.. McClelland (president), Burford (vice-president), Mende (secretary), Hoyle (treasurer), with Dr. McClelland in the chair.

Briefly—after a night of consideration, Dr. Mende felt that he had not the time nor the strength to carry on the office of secretary, as he felt it should be done, and he resigned at the proper juncture in the meeting.

The executive considered the situation, and desiring to retain the services and counsel of Dr. Mende created another post, that of a second vice-president, feeling that this step also strengthened the hands of the executive in case the single vice-president could not act at any time. On resigning the post of secretary, Dr. Mende was elected as second vice-president with Dr. Burford as first vice-president.

Dr. McClelland also stated that "from careful study of the matter I am sure that we cannot call Dr. Sutherland the permanent secretary of the International Congresses or Dr. Wheeler, the secretary of Congress *into this* Executive Committee *as such*, but they can be brought in to aid us, if and when desirable, in other totally different and separate capacities.

"I am personally sure, having intimate knowledge of Dr. Sutherland, that he has all he can do to manage the tremendous work he has now on hand for Homœopathy, and that he would rather be released from, than add to, these duties.

"Therefore, I will advance the proposition that Dr. Wheeler, the able editor of the Homœopathic World, of London, with large secretarial experiences of Congress and very well known wherever Homœopathy is known, be asked to accept the position of secretary, whilst it has been suggested to me that we might ask Dr. E. Petrie Hoyle to accept the post of associate secretaryship with Dr. Wheeler."

This was acted upon, and later in the meeting, on the suggestion by Dr. Burford, it was also decided to offer Dr. Hoyle the extra duty of Hon. Envoy to the Council, to work in various countries as occasion arose; this post was accepted, and a sum of £58 was there and then collected and "earmarked" for the Hon. Associate Secretary's and Envoy's traveling expenses." It was made up as follows:

Dr. Burford—Ten pounds personal, and practically another ten pounds from friends or societies in England	£20
Dr. McClelland—Ten pounds now and ten pounds in six months	£20
Dr. Mende, now—200 francs—say	£ 8
Dr. Hoyle—now—	£10
	£58

This explains the change made in the executive from the arrangement decided at the Council; the change is amply covered by the powers granted to the Executive by Council, to wit:

"The plan of organization can be modified by the Executive Committee of the I. H. Council, to suit themselves, now, or during the *Interim*, as soon as organized" (carried unanimously by the whole delegtes present, after Dr. Arnulphy had read the motion in French, and Dr. Mende had read the same in German).

The final approval of this Council meeting is, however, desired for these changes.

It remains for the Ghent Congress to express its judgment on the work done by the executive.

EXECUTIVE MEETINGS.

The following abbreviated report will show some of the activities of the executive:

There have been, to June 30th, 1913, eighteen (18) formal executive meetings—with a quorum of three executive officers, besides some 50 odd informal conferences between executive officers. This work, of itself, has been no slight tax on the time of the officials, but it has been gladly undertaken. It shows the advantage for the executive of having a quorum in one city as reasonable promptitude and facility for meeting is thereby assured.

The numbering of the letters sent out by the executive will bear silent witness to steady and faithful work (June 25th, the numbering stands at 1,273). This includes some circular letters as well.

SWEDEN.

In September, 1912, Dr. Grouleff, the delegate from Sweden, conveyed to the executive that there was a bitter newspaper attack, carried out by the Swedish Allopaths, and that the Homœopaths of Sweden hoped that the Executive Committee could help the Swedish Homœopaths to stem this persecution and make a correct presentment of Homœopathy. On direct invitation from the Swedish Homœopathic Physicians' Society—the Hon. Envoy was sent to Sweden on November 18th, where he subsequently addressed an audience of about 450 in Stockholm. The front two or three rows were reserved for Allopathic doctors, Professors of the Universities, and members of the Rickstag; representatives of all these bodies were present, besides some representatives of foreign powers, amongst whom was the U. S. A. minister and his wife. The audience would have been too large for the fine hall, had there not been no less than three other gala attractions in the city that night; as it was, the audience was highly representative of the leaders of society.

The Envoy's address was followed by a translation by Dr. Torgny, who has been for some years in U. S. A. and who kindly went with the Envoy to Gothenburg for the same purpose.

One other incident is worth recalling, to show the extent of persecution.

A Professor Thunberg, of Lund University, has written a pamphlet called:

Bedrägliga Läkemedel och Läkemetoder distributed by the Gleerupska Univ-Bok handelin I Lund and sold for 40 öre (about 4 pence) and this is supposed to "Expose" Homœopathy in a virulent, but ill informed pamphlet, had been published against Homœopathy, that its author was at the meeting, but while his student satellites distributed his pamphlet, he made no effort to speak.

One newspaper attack appeared in the Goteborgs Handels och-Sjofarts-Tiding for September 19, 1912, and contained two and one-half columns of "energy' 'against Homœopathy.

Our meeting in Gothenborg was in the Y. M. C. A. Hall, which was about three-fourths full, with an audience composed mainly of men, owing to the night being one of storm (too severe for most women to face).

Many regrets were sent and heard of; at both places the views shown, words spoken and statistics given, gave the people something to think about and helped to counteract the bitter newspaper war against us.

Both in this country and Germany, each member of the audience was given a paper containing various comparative statistics.

Sweden has printed and issued our official address, illustrated and reinforced with plenty of statistics.

Homœopaths owe a great debt of gratitude to Sweden's late delegate—Dr. Petrie N. Grouleff, who introduced this fact of persecution to our notice, and engineered the subsequent campaign.

The Homœopaths of Sweden are very few in numbers, hence the bitterness and energy of the attack, and the world Homœopathy owes it to our colleagues there, to make such representation to the Swedish laity and Government as shall prevent obstructive legislation against our cause. If our flag is to continue to fly in Sweden, then outside Homœopathy *must* help. If nothing else is worth our existence—this is sufficient cause—that we—the strong—shall and *must* help the (numerically) weak.

A bill was to have come up in the Swedish Rickstag to prevent any Homœopath prescribing or giving any drug, which, if passed, would be like the ruinous legislation that nearly crushed Hahnemann; in fact, did crush his endeavors, locally, compelling him to go elsewhere. This would ruin Homœopathy in Sweden. For some

reason or other the bill was carried over to another session, so we have some time in which to act and help our colleagues.

Our colleagues in Sweden being so few, they could not do more than provide halls and advertising, and they very kindly provided hotel accommodation for the Envoy, during his sojourn there.

GERMANY.

The Hon. Envoy returned from Sweden via Berlin and happened to be there on the night of a semi-monthly meeting of the Berliner Homœopathische Artzte Verein, whose guest he was. After a brief address, stating the cause of the Council and the evident effect created in Sweden, it was determined there and then, to arrange for a similar tour in Germany. Med: Rat Dr. Müller, of Berlin, was deputed to carry out arrangements with the Executive committee in London and the various points in Germany. This resulted in the following German tour.

Give (Extract from the Homœopathic World.) (April, 1913.) or the whole?

RUSSIA.

Perhaps the most serious work of the year has been done at the call of Russia. All readers will know of Dr. Leon Brasol. It was he who reported to the executive that a bill was already before a Committee of the Duma, for the closure of *all* homœopathic pharmacies, of which there are some very fine ones in Russia; the upshot, if the measure passed as contemplated, would be that all homœopathic physicians' prescriptions would have to pass through allopathic pharmacies, with what result can be readily imagined.

Dr. Brasol prayed that we might collect at once (there could be no waiting for a Quinquennial Congress to act), any and all laws and statistics bearing on the legalization, as to the homœopathic pharmacy and practice in other countries. Without waiting an hour, the executive addressed itself to United States of America, France, Germany, Switzerland, Austria, Italy, Spain, Belgium, Holland and England; some of these countries sent their laws direct to Dr. Brasol, as requested; some of America's "State Laws" passed through the executive's hands, but in all, Dr. McClelland was able to send Dr. Brasol the "State Laws" of twenty-eight States, many of these certified to by the Secretaries of the States. We thought it wise to get a "legal opinion" of the "Status of Homœopathy in England. This was done and the answer sent to Dr. Brasol.

In many cases, as with France, England and some States (U. S. A.), the testimony was of a negative character, but this, it was explained by Dr. Brasol, was of distinct value, inasmuch as it demonstrated that there was nothing preventing absolutely free and unfettered homœopathic pharmacy in these countries and States.

There were many countries, especially Germany, and some States in U. S. A., where the permission was positive and explicit.

Hence, with all this material in his hands, we understand that Dr. Brasol has been able to lodge a good case with the Duma's Committee, but we have no information, as yet, as to how things actually now stand. We trust Dr. Brasol will report the present facts to the Council.

The efforts of the Executive Committee must have aroused some enthusiasm, as Russia has been the largest contributor to the funds of the executive, as will be set forth in the balance sheet presented.

Besides the legal enactments governing homœopathic pharmacy, the executive have sent Dr. Brasol the latest statistics gathered especially from State hospitals in U. S. A.

These must have a weight and importance which should help Homœopathy.

Dr. Brasol has obtained special State permission from the Government to hold a Pan-Homœopathic Congress at St. Petersburg to witness the official display of our large hospitals and institutions under State Government control and subsidy.

This official presentment, which will be more or less of a reproduction of the demonstration given in Sweden and Germany, is to take place on November 2d, 3d and 4th, 1913.

All this address must be (by law) in the Russian language, so the Envoy's part will practically be to act as prompter of the slides, etc., and to convey the international good will to our colleagues, who, we trust, will soon conquer what is too evidently a deliberate attack on a cause which is believed to be weak. *Should orthodox medicine conquer in Sweden and Russia, it would not be long before some other country would suffer in the same way.*

Homœopathy can hardly be killed outright, because it is now worldwide, but its progress can be obstructed for generations.

So the international work of this Council is more than an ephemeral dream! *Its work was never more needed than to-day*, because our very successes have aroused the bitterest opposition and enmity of the non-homœopathic schools. Let no country, however weak in numbers, let its energies flag for one instant. To be safe, each must play its part, and the stronger countries must help the less strong.

FUTURE WORK.

We have mentioned the prospective visit to St. Petersburg in November, 1913, it is also intimated to us that Dresden would like to hear the official address, and this will be arranged.

It is also thought that a "private invitation" address in English, can be organized at Berlin.

Colleagues are working to this end now.

We have an unofficial intimation that several other German towns wish like visits; these will

have to be undertaken en route back from St. Petersburg to London.

It is hoped that at Ghent some other centers may bespeak the energising influence of this impartial international work.

For the rest, the more we correspond—internationally—the more we see the necessity of this international work.

PROFESSIONAL ADDRESSES.

Our vice-president has presented our case and cause to the B. H. S. with eminently satisfactory results, both morally and financially. The financial report is embodied in the balance sheet. B. H. S. has over forty in hand for us, with more to come in yet.

The Envoy has been received by the Soc. Francaise d'Homœopathic, the occasion being Hahnemann's birthday banquet, when an address was presented, the translation being read by Dr. Planton, the secretary general of this society.

This occasion was also made use of by the B. H. S. to depute the Council's Envoy to lay a wreath in their name on Hahnemann's grave, in Pere la Chaise; Dr. Xaxier Jousset was selected by the French Society to represent them on the same occasion.

DELEGATES.

Germany has requested an extra delegate, making six—Sweden has desired two (their last year's delegate, Dr. Grouleff, cannot act this year, we are sorry to say). We have proffered France five instead of three, which gives the Sud-Est. Soc. two, to better represent the provinces.

It is well to remark, in passing, that the delegate numbers given on our letter head paper are only the minimum desired; in fact, the Council would like to see double that number of delegates, since it would indicate that men were eager to advance International Union.

LANTERN SLIDES.

The Executive Committee, prior to the Envoy's visit to Sweden, voted a sum for making lantern slides, to show our huge hospitals, prove "State" support, etc., and display comparative statistics.

The necessity for this was considered of vital importance to the success of the lecture tours.

A special donation of £10 was made to this fund, to help to meet the necessarily somewhat large outlay.

These slides can now be chosen in variety, for several purposes, either as a general exhibition of homœopathic institutions, or more in detail to show the perfection and extent of some large American State homœopathic institutions, supported by the State's Governments for Homœopathy.

PICTURES OF HOSPITALS.

The executive sanctioned the printing of a number of views of homœopathic hospitals, so that any country could have them specially reproduced to illustrate pamphlets; it has been found impossible to send blocks from country to country, on account of customs, dues, and risk of transit and cost, whilst there is always the danger of getting wrong "explanations," but any country or society can now order reproductions at cost (per thousand).

The explanations are in English, to supply the wants of England, S. Africa, Australia, New Zealand, and U. S. A., but each block has been numbered, and the translation can be done on a separate sheet of paper, as required by any country if reference is made to the blocks by number.

STATISTICS.

The only statistics hitherto forth-coming have been from the U. S. A. We feel that if homœopathic statistics are not available in Europe, that some non-homœopathic (Government) statistics ought to be secured for comparison's sake. The Envoy was able to obtain a Government statistical report in Stockholm from which highly instructive figures were obtained, verifying, in several instances, our claim of modern orthodox mortality rates.

LETTER HEAD.

The executive ordered this piece of work, better to introduce ourselves, especially when writing to any person not a Homœopath.

"TRUTH" ARTICLE.

The fact that we obtained considerable space and editorial backing in Truth, was, we think, partly due to the effect of introducing ourselves in this international way.

Our president, Dr. McClelland, has written, saying that this editorial backing in "Truth" is the most important lay journal pronouncement obtained by us for a generation.

This article has been reproduced by the British Homœopathic Association. Copies can be obtained by addressing its secretary, c/o Chalmers House, Russell Square, London, W. C.

Translation from the Beobachter, February 21, 1913.—Stuttgart. *Editorial Report of the I. H. Council address, February 20.*

The Hahnemannia Landesverein for the Kingdom of Wurttemburg gave invitation yesterday to an evening of speeches in the Grand Hall (1,000 seating capacity) of the Gustave-Siegle House. The crush was so great that several hundreds who applied for cards could not get them, so the evening will be repeated next Thursday.

After a few words of welcome by the Realor (High) School Superintendent, Mr. Wolf, Dr. Richard Haehl sketched, in warm words of esteem and in excellent manner, the character and life picture of Hahnemann.

Making the starting point the unveiling of the Hahnemann monument, at Washington, D. C. (U.

S. A.), he showed, on the one hand, the honoring of a German in U. S. A., and on the reverse side of the picture, was the attitude of the old school of medicine in Germany and how the Government behaves towards their own countryman, who has been persecuted from the beginning, but who is more celebrated to-day than any other physician since his time. The speaker then gave some idea of Hahnemann as a pharmacist, and chemist, his great productions as an author, his pioneer work as a psychologist (and his mild treatment of the insane), and his very definite views as a hygienist and also his fight against "blood-letting," but the foundation of his life's work was the Law of Similarity and followed later on by the Homœopathic Posology (dosage).

The old school medicine has had to learn a great deal from Hahnemann even if it was against its own will, and the system of medicine of the future can only be one which is built upon the law of Similarity.

Doctor Hoyle, Hon. Secretary of the International Homœopathic Council, then spoke of the great results of Homœopathy compared to those of Allopathy, and the institutions of Homœopathy in different countries. The president of the Landesverein, Realero Wolff, translated the speech which had been made before in English.

The International Homœopathic Council has set itself the task to collect the experiences of Homœopathy and to represent Homœopathy to the public. There are twenty-four countries represented (bound together).

The members of the Council do their duty in an honorary capacity, without payment.

The necessary money for Council is collected by voluntary contributions. The speaker showed how the fight against Homœopathy has been everywhere, and how difficult it has always been to be recognized because in many places we had no hospitals where we could make demonstrations and prove results to everybody, but the recognition of the great importance of Homœopathy has forced its way slowly and the speaker showed, by several quotations, of great allopathic physicians the great contradictions of allopathic treatment, amongst the allopaths in different diseases, and showed statistics of allopathic and homœopathic treatment which were far in favor of Homœopathy.

The lantern slides showed these statistics still more and proved the great importance of Homœopathy in America by showing the very large homœopathic State hospitals and universities.

Finally, Sanistatsrat Dr. Lorenz, expressed the pride and pleasure of the development of Homœopathy in U. S. A. and England and he expressed his great sorrow that in Germany so little has been done by Government and public means for Homœopathy.

Experience shows that in countries where there is no state medical faculty, which protect specialy the old school, but where it is only the practical results and success which counts, Homœopathy always prospers most.

Against the "old power" guaranteed by State there is no other power but the organization of citizens, and a period (time) that has millions for aeroplanes and air ships, ought to have sufficient money left for the building of a homœopath hospital in which Homœopathy could prove its success and where physicians could be taught practically.

With this appeal to the generosity of the hearers the addresses were closed.

There was an unusually large number of men present.

(I have no translation of the Tagsblat for the same date.)

BOOK REVIEWS.

Eat, Drink and Live Long. Don't be a Faddist. (Common Sense Suggestions for Ordinary Diet and Hygiene.) By E. O. Richberg, M. D., Lecturer on Diet and Hygiene, Professor of Embryology and Physiology, Hering Medical College, Chicago. 82 pages. Cloth, 50 cents. Postage, 4 cents. Philadelphia: Boericke & Tafel. 1913.

A very useful and practical little book full of common sense. It is very difficult for the writer on a book for diet not to show on every page his own peculiar likes and dislikes; in short, what he feeds on himself. Dr. Richberg's book shows none of these peculiarities.

Diseases of the Stomach, Including Dietetic and Medicinal Treatment. By George Roe Lockwood, M. D., Professor of Clinical Medicine in the Columbia University; Attending Physician to Bellevue Hospital, New York. In one octavo volume of 624 pages, with 126 engravings and 15 plates. Cloth, $5.50, net. Lea & Febiger, Philadelphia and New York. 1913.

The diseases and disorders of the stomach form a large part of the work of every general practitioner. They are, fortunately, a class of malady in which scientific treatment can be made especially efficacious, because of the location of this organ and the nature of its functions. In this new work the author gives the most modern views on all phases of the subject, and has made a feature of medicinal and dietetic treatment. The book represents an original study of a large number of cases from the author's private and hospital records, so that it conveys to the reader the substance of his large experience. Illustrations and plates have been freely used wherever it was possible to elucidate the text.

The value of this book to our school of medicine lies especially in the dietetic treatment and

the modern conceptions of etiology. We can recommend it for, supplemented by a good work on homœopathic therapeutics, which are incomparable in stomach affections, one will be fully equipped to cope with these diseases.

THE MODERN TREATMENT OF NERVOUS AND MENTAL DISEASES. By eminent American and British authors. Edited by William A. White, M. D., Superintendent of the Government Hospital for the Insane, Washington, D. C.; Professor of Nervous and Mental Diseases in the Georgetown University and in the George Washington University; Lecturer on Mental Diseases in the U. S. Army and U. S. Navy Medical School, Washington, D. C., and Smith Ely Jellifee, A. M., M. D., Ph. D., Adjunct Professor of Diseases of the Mind and Nervous System in the Post-Graduate Medical School and Hospital; Visiting Neurologist to the City Hospital; Consulting Neurologist to the Manhattan State Hospital, New York. N. Y. Two octavo volumes, containing about 900 pages each, illustrated. Per volume, cloth, $6.00, net. Lea & Febiger, Publishers, Philadelphia and New York. 1913.

The second volume of this unique work has made its appearance within a few weeks after the publication of the first. It deals with matters of great interest and extreme practical value, and its pictorial department is fully up to the high standard of the text. Among the many subjects discussed are the Neuralgias and Neuritides, Injuries of the Peripheral Nerves, Muscular Atrophies and Dystrophies, Headaches, Spasmodic Disorders, Epilepsies, the Meningitides, Syphilitic Diseases of the Nervous System, the Use of Salvarsan and Neosalvarsan, Cerebral Hæmorrhage, Embolism and Thrombosis, Disorders of Expression, stuttering, Diseases of the Cranial Nerves and Lesions of the Spinal Cord, Diseases of the Optic Thalamus, Midbrain and Cerebellum, Paralysis Agitans and Multiple Sclerosis, the Toxemias of Dangerous Trades and of Drugs, and the Surgery of the Brain and Spinal Cord. In these two volumes the practitioner now has, in most convenient form, the latest and best knowledge concerning a very puzzling and difficult class of cases.

Any physician possessing these two volumes is well equipped and up to date in neurological literature.

HYGIENE AND SANITATION. A Text-Book for Nurses. By George M. Price, M. D., Director, Joint Board of Sanitary Control; Director of Investigation, New Yok State Factory Commission. 12mo, 236 pages. Cloth, $1.50, net. Lea & Febiger, Publishers, Philadelphia and New York. 1913.

All medical men have for years realized the great possibilities of hygiene and preventive medicine, and though much good has everywhere been accomplished by the institution of hygienic measures, a great deal remains to be done, and this must be largely achieved through the education of the public. In the attainment of this end no factor is as important as the nurse. Every day she has opportunities to impress upon the laity some of the principles of hygiene and their practical application, and it is therefore one of the most essential elements of her training that she should be well informed on a subject of such universal importance. This new work from the pen of Dr. Price is admirably suited to the needs of the nurse in the discharge of her professional duties and its simplicity of diction renders it equally valuable for home use. It is a work to be recommended to all persons interested in the prevention of the spread of disease.

A TEXT-BOOK OF BIOLOGY. For Students in Medical, Technical and General Courses. By William Martin Smallwood, Ph. D. (Harvard), Professor of Comparative Anatomy in the Liberal Arts College of Syracuse University, and in charge of Forest Zoology in the New York State College of Forestry at Syracuse. Octavo, 285 pages; illustratd with 243 engravings and 13 plates, in colors and monochrome. Cloth, $2.75, net. Lea & Febiger, Publishers. Philadelphia and New York. 1913.

Biology is now recognized as one of the fundamental sciences in the study of medicine, and most of the medical colleges of this country either require a knowledge of it for entrance, or include it as part of the preliminary instruction. This has given a new stimulus to the teaching of this subject, and has awakened a broader interest than ever before. The appearance of a new text-book, written in accordance with the most modern ideas, and designed to meet the needs of the medical student, is therefore timely. Professor Smallwood's work is unique in the excellence of its instruction and the high standard of its numerous illustrations. The method of imparting the facts leads the reader to think for himself and cultivates his powers of observation —a very important point. To the physician who graduated before Biology was generally taught in the medical curriculum the book should be of especial interest and value.

Acridine.

This substance has been experimented with in sleeping sickness, and it causes the destruction of trypanosomes in mice by giving it subcutaneously. The dose for mice is 0.04 mg. to 0.25 mg.

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INSTITUTE MEETING

THE sixty-sixth meeting of the American Institute of Homœopathy at Denver contrary to what many expected was a great and successful meeting. The numbers in attendance were equal to those attending the meetings at Narragansett Pier and Pittsburgh.

Harmony prevailed throughout the meeting. Everyone worked for the common good. Never before were the officers elected by the secretary casting the ballot of the Institute for the nominees, there being but one for each office.

The treasurer's report showed a larger balance than usual; the sliding scale of fees for new members has worked out well.

The work of the Board of Trustees and the Council on Medical Education was heartily endorsed, and although the five years' term asked for by the Council and endorsed by the Trustees was cut down to three, it is hoped that something will be accomplished in this time, and the Institute voted the addition of another member to the Council thus making it six instead of five. We understand President-Elect Wilcox is to make this appointment.

The business sessions of the Institute were transacted in a business like manner. President Hinsdale's administration of the past year has been one to excite the admiration of all in its business sense and practicability. His addresses, business and annual, were of the highest order. The budget system was adopted, and a period of years settled upon for various activities. The Committee on President's Address reported most favorably, and the Institute unanimously adopted its findings.

The physicians of Denver did themselves proud in their plans for the meeting and in the various entertainments provided.

The bureau of special society work was of the usual high order, especially did Dr. J. P. Sutherland's address appeal to all present, and it was ordered printed and distributed by the Council.

The Committee on Conference with the A. M. A., which had been trying for some years to have a comparison of treatment instituted to prove the value of the law of similars, was continued, a favorable answer having been received to their communication. It is hoped that the work will be taken up promptly and carried to a successful finish.

An opportunity is to be given the College of Surgeons to prove its liberality and fairness, for it is to be definitely ascertained whether any except members of the A. M. A. are to be on the Board of Regents.

The following resolution introduced by Vice-President Stout was tabled:

WHEREAS, Some of our members have affiliated themselves with the allopathic societies; and,

WHEREAS, In joining the allopathic societies they are required to renounce their faith in and practice of "Sectarian Medicine;" therefore, be it

Resolved, That the American Institute of Homœopathy, in its sixty-ninth annual convention assembled, desires to place itself on record as absolutely opposed to the members of the Americacn Institute affiliating themselves with allopathic societies; and be it further

Resolved, That the Institute respectfully request all members of the Institute who are now members of any allopathic societies to withdraw their membership from said societies, because at the present time their names and their money are used by said allopathic societies in legislative and other matters against homœopathic institutions, and we ask that they concentrate their efforts in assisting the Institute in proving to the world the truth of our law of similia similibus curantur.

We trust that at some Institute meeting this resolution will carry. The serving of God and Mammon, the carrying of water on both shoulders, and the wishy-washy Homœopath who is afraid to acknowledge his colors are all ingredients of the Macbethian hell-broth which ever has

and ever will injure the true cause of Homœopathy.

The officers elected are the following:

President, Dr. DeWitt G. Wilcox, Boston, Mass.

First Vice-President, Dr. G. S. Peck, Denver, Colo.

Second Vice-President, Dr. Anna L. Varner, Wilkinsburg, Pa.

Trustees, Drs. Ward, Sutherland and Hinsdale, all to serve three years.

Officers of the Obstetrical Society: President, Dr. Gilbert Fitzpatrick; Secretary, Dr. R. M. Richards, of Detroit; and of the Society of Physical Therapeutics: President, Dr. E. B. Hooker, of Hartford; Secretary, Dr. E. P. Mills, of Denver.

The largest number of new members ever taken into the Institute in one year joined since the last meeting numbering 397. Much of the success of this good work is due to the endeavors of Dr. James C. Wood, Chairman of the Committee of New Members.

The officers of the Surgical and Gynæcological Society are: President, Dr. H. R. Chislett, of Chicago; Secretary-Treasurer, Dr. Scott Parsons, St. Louis.

The amendments to the Constitution proposed at the last meeting carried except the one relating to the senior membership, which was tabled. The most important of these was the one placing the amount of the secretary's salary with the Board of Trustees.

FLORIDA TO THE FRONT.

SCARCELY had the echoes of the victory in California died away when we received word of the regular allopathic defeat in Florida. Ever since the establishment of the homœopathic board in Florida in 1889 the allopaths have sought to establish control of medical examining matters in the state, and at the biennial legislative session ever since that time our forces have been obliged to fight the same, and have always won out. This year the emissaries and tools of the A. M. A. introduced a bill in the House to establish a mixed board of medical examiners composed of four allopaths, one Homœopath, one eclectic, one osteopath—retaining, of course, majority control. Energetic work was done by Drs. H. R. Stout and C. W. Johnson in the lead and such of the Florida profession who are alive and alert. Drs. Stout and Johnson spent three days in Tallehassee and appeared before the committee opposing the bill. The A. M. A. was most active, and the chairman of the House Committee, being an allopathic physician, had sufficient influence to carry it through the House in spite of the vigorous opposition of the friends of Homœopathy. It was, after a prolonged debate, killed in the Senate.

This is the seventh time since 1885 that the Homœopaths of Florida have defeated the allopaths in the Legislature, which, considering the weakness in numbers of our Florida profession, numbering about forty, is an excellent record and shows what can and should be done in every state in the Union. We will never be successful nor will we ever stand upon a solid footing until we have our own board of examiners in every state of the Union. We have let the allopaths rob us of this in New York, Pennsylvania, California and other states, and we should not rest until the condition is righted. Neither the people of New York, Pennsylvania or California were dissatisfied with the multiple board system, but in each instance it was the allopathic physician under instruction from the Medical Trust who called for the change and they will persist in it until every state in the Union has a medical board under its control. Our Florida friends will have the fight again, and some day there will be an allopathic physician at the head of the Senate Committee as well as of the House Committee, then the bill will pass. We should carry on this fight from the start ourselves and begin by introducing separate examining board bills into every state legislature that meets. Let us find out if the trust will oppose them, and let us find out why they do it. As Dr. Stout remarks: "It is about time we told the A. M. A. to keep their hands off our affairs."

A NEW JERSEY EXAMPLE.

PRESIDENT WOODROW WILSON is understood to have said that there will be no particular school of medicine in control of medical matters at Washington.

We would call attention to the fact that there *is* and has been a particular school in control and would like to know what the President's plan for preventing the same is to be.

Out in New Jersey, the President's home, they have a mixed board of medical examiners, and

the law says there shall be just so many allopaths, Homœopaths and eclectics. Last spring the term of one of the Homœopaths expired. The aallopaths wen to the Governor and got an allopath appointment, by the usual line of misrepresentation, they probably told the Governor that Homœopathy was dead and the law was a dead letter and there was now no difference between the schools, arguments that we heard for the first time in the '70's. It was pointed out to the allopaths and the appointee that the law said that only a homœopathic physician could fill the position, and the latter was asked to resign to save trouble. He refused, for it is not customary for the minions of the Medicofarbenfabriken of Dearborn Avenue Company to observe the law. Whereupon the Attorney General was asked to take the matter up, which he did, and with the case reopened Dr. McDonald, the illegal appointee, was turned down and Dr. Webelacker was appointed to succeed himself.

New Jersey, the home of the President, needs watching. Only a year or two ago they came near passing a law forbidding all physicians to dispense medicine.

That there are some good men in New Jersey is proved by the discovery of the latter legal joker, and the energetic action taken in the board matter above chronicled. Eternal vigilance is certainly the price of Liberty in New Jersey and Washington as well in spite of the good intentions of President Woodrow Wilson, whom we believe to be fair in all things, but who cannot watch the machinations of the Medical Trust and attend to anything else.

OPHTHALMOLOGICAL, OTOLOGICAL AND LARYNGOLOGICAL SOCIETY.

This association held a most successful meeting in Chicago just previous to the meeting of the Institute. The following officers were elected:

President, Dr. J. Ivimey Dowling, Albany, N. Y.

First Vice-President, Dr. Edgar J. George, Chicago.

Second Vice-President, Dr. J. R. McCleary, Cincinnati.

Secretary, Dean W. Myers, Ann Arbor, Mich.

Treasurer, Dr. Albert E. Cross, Worcester, Mass.

This is the first meeting for many years that was not held in connection with the Institute. It has never had any connection with that body, yet its program has usually been printed with the Institute program, and it has benefited by the railway rates and local arrangements of that body. The Institute itself has no eye, ear, nose, throat or larynx department or society.

NEWS ITEMS.

ILLINOIS.

P. H. Malden Company, the well known homœopathic pharmacists, have moved into their new and commodious quarters, No. 20 E. Randolph St., where they have the largest and best equipped pharmacy in the west; they occupy two large floors, each floor having 12,000 sq. ft. surface, and each floor has 2,000 sq. ft. of windows, giving them a well lighted and well ventilated laboratory.

MAINE.

Dr. George H. Rand, of Lewiston Falls, was elected president of the Maine Homœopathic Medical Society at its recent meeting in Rockland. Other officers are: Vice-Presidents, Dr. H. H. Plumer, Union, and Dr. L. A. Brown, Portland; Recording Secretary, Dr. J. H. Haywood, Biddeford; Corresponding Secretary, Dr. Carrie Newton, Brewer; Treasurer, Dr. William S. Thompson, Augusta.

The convention will meet at Augusta next year.

MICHIGAN.

Dr. W. Louis Hartman has removed his office to 706-707, J. Henry Smith building, Detroit. His practice is limited to abdominal and genito-urinary surgery.

Ten young ladies received the diploma of the University of Michigan Homœopathic College Training School at the recent commencement. The school numbers forty pupils.

NEW YORK.

The degree of *Oculi et Auris Chirugas* was conferred upon six graduates at the commencement of the New York Ophthalmic Hospital at the graduation exercises recently.

Dr. J. B. Garrison, having offices in "The Sydenham," 616 Madison Ave., New York, has office hours from 10 to 12:30. He is willing to associate with him a physician and give him morning and evening office hours with, or without, separate desk room, on exceedingly moderate terms. Terms will be given on application. A physician just starting will find this worth his investigating. Suitable for general practice, for telephone service is open every hour in the twenty-four.

There is an excellent chance for a high class sanatorium right near New York City. See our advertising pages.

Boericke & Tafel's uptown store is now located at 138 West 42d St., adjoining the Hotel Knickerbocker.

OHIO

At the last annual meeting of the Ohio State Medical Board, 169 physicians passed, 3 failed; 6 Osteopaths passed, 2 failed; 26 midwives passed; 17 reciprocity licences were granted.

We are very glad to note that 13 of the recent graduates of the Eclectic Medical College of Cincinnati, all of whom applied, were successful in passing the Board with averages ranging from 75 to 89.3.

Only the graduates of 61 colleges out of 116, are eligible to the Ohio Board, and the Eclectic Medical College is fully registered in every State in the United States, including Ohio, New York and Pennsylvania.

The next session of the College will open September 11, 1913, and continue eight months. The entrance qualifications still remain on a high school standard, and the annual tuition fees are only $100.00. For College bulletins and detailed information, apply to the Secretary, 630 W. 6th St., Cincinnati, O.

OREGON.

Dr. A. C. Cowperthwaite, formerly of Chicago, and probably the best known homœopathic physician in the world, has located in Ranier, Oregon, retiring from active practice. We regretted not being able to meet him at Denver.

PENNSYLVANIA.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann Medical College on Thursday evening, June 12, 1913, at 8:30 o'clock. The scientific program consisted of the following:

"A Talk on the Revision of the Pharmacopœia," T. H. Carmichael, M. D.

"Practical Demonstration of the Administration of Salvarsan," W. C. Hunsicker, M. D.

"Refractive Errors as a Case of Obscure Symptoms," Percy A. Tindall, M. D.

"The X-Ray as an Aid to Internal Diagnosis," G. Harlan Wells, M. D.

The election of officers took place at this meeting, which was as follows: President, Doctor Herbert Leopold; First Vice-President, Doctor Warren Mercer; Second Vice-President, Doctor W. D. Culin; Secretary, Doctor Wm. M. Sylvis; Treasurer, Doctor I. B. Gilbert; Trustees, Doctors Weston D. Bailey, N. F. Lane, L. T. Ashcraft, C. S. Raue and Norman Bette; Censors, Doctors Nelson Hammond, Joseph Caley and J. Mansfield. Keen interest was shown at this meeting by a large number of members who were present.

WM. M. SYLVIS, M. D., *Sec'y.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting on Wednesday, June 18, at the hotel "Phœnix," Willow Grove, Pa. An interesting paper, entitled "Some Clinical Tests," was read by Doctor J. R. Bibighaus, and was very ably presented. The meeting was largely attended, and an enjoyable time was had by those present.

JOHN D. BOILEAU, M. D., *Sec'y.*

The Germantown Homœopathic Medical Society held its regular monthly meeting at the "Majestic," Broad and Girard avenue, on Monday, the sixteenth of June, 1913, at nine o'clock in the evening. A paper on "Hay Fever" was read by Doctor Wm. M. Hillegas, after which a hearty discussion took place. There was a full attendance of members, and a pleasant time was had by those present.

LANDRETH W. THOMPSON, M. D., *Sec'y.*

The West Philadelphia General Homœopathic Hospital and Dispensary staffs held their regular monthly meeting on Monday evening, June 23, at 1234 No. 54th street, at 9 P. M. Many matters of importance was discussed at this meeting, and great interest was shown by those present.

S. W. REEVES, *M. D., Sec'y.*

Homœopathic graduates five. Five pretty nurses became graduates of the Reading Homœopathic Hospital and Training School at the sixteenth commencement exercises, which were held in St. Paul's Reformed Church on Thursday evening, May 29th. They were Misses Mable Esterly, Nora Huyett, Florence Houck, Winona Wolf and Lillian McElwain. The diplomas were presented by C. H. Ruhl, Esq. Doctor D. C. Kline and Rev. Dr. J. H. Hackenberg were the speakers. After the exercises there was a dance at the nurses' home.

PERSONALS.

Doctor Benjamin K. Fletcher announces the removal of his offices to 319 South Sixteenth street, Philadelphia. Hours, 8 to 10 A. M., 5 to 7:30 P. M.; Sunday, 9 to 11 A. M. only.

Doctor John G. Wurtz announces the opening of his new Clinical Laboratory, 2103 North Howard street, Philadelphia. Urinalysis, blood counts, Widals, gastric analysis, bacteriological and other laboratory tests. Drawing and charts. Specimens received at 2103 No. Howard St., or 1621 Arch St.

OBITUARY.

Dr. Adna L. Innes.

In the death of Adna L. Innes, M. D., the profession has sustained the loss of an estimable and promising young physician. Dr. Innes was especially prepared for good work in his chosen profession. He was graduated from the Cincinnati High School, the University of Cincinnati and the Pulte Medical College, subsequently he entered the Cumberland Street Hospital, Brooklyn, N. Y.

In the examinations—which were competitive—the Board of Examiners contended that he was unusually well equipped in the various de-

partments of medicine. After spending eighteen months in this hospital he took a special course in diseases of the eye, ear, nose and throat in Vienna, and again in the New York Post-Graduate Hospital. In his association with his fellow students and professors he was characterized as courteous, kind and attentive, and was always appreciative of the efforts of his teachers. In 1910 he located in Cleveland, Ohio, with promise of much success in the practice of his specialty. Unfortunately failing health compelled him to abandon his work. The best that medical science offered, with excellent nursing and the kindest care from the family and relatives, failed to combat the ravages of pituitary disorder, and thus came to a premature end a life of usefulness and service to humanity.

S. R. GEISER.

DR. EVANS AGAIN AT HIS NEFAROUS WORK.

Dr. W. A. Evans, the "health is wealth" specialist of the Chicago *Tribune* staff is at his nefarious work again. In Monday's issue of the *Tribune*, and in the same issue of a number of prominent journals of the country using the syndicated effusions of Dr. Evans, appeared the following:

In April, 1912, smallpox appeared at Niagara Falls, N.Y. A study of the reports of the public health service and of reports of the state board of health shows that the disease has been continuously present there since. The report of the public health service shows that for the week ended May 31, 1913, five cases were reported.

When a town or city with an organized government continues to have smallpox develop during hot weather, it is a sure sign that the government is failing to make use of some of the measures for control that succeed elsewhere.

There can be but one adequate reply to this, Dr. Evans writes an absolute falsehood. His motive, doubtless, is revenge for the unfavorable criticism, and condemnation to which he was subjected when he made his first unwarranted and untruthful attack on the city of Niagara Falls.

When Dr. Evans declares that a study of the reports of the public health service and the reports of the State Board of Health shows that the disease (smallpox) has been continuously presented here since April, 1912, he says what he is unable to substantiate.

The Board of Trade, or the city officials should take cognizance of these libels on the city and ascertain what steps may be taken to put a quietus on this man Evans who writes for hire and delights in injuring the interests of communities like Niagara Falls by lying statements concerning their health conditions.—*Editorial Niagara Falls Gazette*, July 10.

PHARMACODYNAMICS AND THERAPEUTICS.

BY ALBERT EUCLID HINSDALE, M. D., BAY CITY, MICHIGAN.

Adrenalin chloride.

Is the most generally useful remedy to raise blood pressure in shock pure and simple, and given hypodermically or intravenously, it very seldom completely fails. Crile was enabled by means of intravenous infusion of adrenalin and salt solution, combined with artificial respiration and thoracic pressure, to arouse a human heart after it had ceased to beat for nine minutes, and its function was thus sustained for one-half hour. It must be given in small doses frequently repeated. The effects are powerful, but fleeting. Hypodermically, give 5 to 15 minims of the 1-1,000 adrenalin solution and repeat every 20 or 30 minutes.—*Sluss' Emergency Surgery.*

Strophanthus

May be given upon the same indications that call for Digitalis, and in the majority of cases it will prove much more effectual than Digitalis. Mitral regurgitation has been relieved to a great extent and most of the subjective symptoms removed by Strophanthus when Digitalis had only partially relieved. Two to five drops of the tincture repeated every two or three hours has been the dose used.

Mercury.

Chronic mercurial poisoning among hatters' furriers is due to the use of acid mercury nitrate for brushing the fur, a process called carotting. In felt hat makers the disease has not been recognized. The fur blowers inhale dust carrying minute hairs and particles of metallic mercury. They show an undue prevalence of respiratory diseases. In the case of the planker the moist atmopshere contains mercury, which can be absorbed by the lungs, digestive tract and skin. The planker exhibits considerable anæmia, also a trade dermatitis produced by the planker's acid which also contains mercury. The amount of mercury in the hats was found to be 1 part per 800 or 1 oz. of mercury in 400 2 oz. hats.—*Lancet (Chemical Abstracts).*

Cantharis.

Dewey says that in herpes zoster this drug is almost specific. One unusually severe case of this disease was relieved within a half hour by a single dose of cantharis 3x dilution. The pain subsided at once, and within five days the disease completely disappeared. Allopathic treatment, which was taken previous to this, accomplished nothing and the case grew worse under it.

Ammonium chloride.

The following solution, freely and immediately applied, will often prevent a "blacked" eye:

Ammoni. chloridi. .....grs. 5.0.
Alcohol ..... oz. 1.0.

Perborate of soda.

Hertzfeld describes a case of serious hæmorrhage from the nasal cavity treated with perborate of soda. A strip of moist borated gauze ½ inch wide was covered with powdered perborate of soda and packed tightly into the anterior nares. The hæmorrhage ceased immediately. The perborate may be insufflated directly into the cavity. A grayish-white foam immediately issues, nascent oxygen is liberated and the bleeding checked.—*Sluss' Emergency Surgery.*

Ipecac.

There are several drugs which have a destructive action on low forms of life, this action being especially manifest on amebæ. Emetin in concentration of 1 to 100,000 causes the death of amebæ and its use is suggested in cases of amebæ dysentery.

Phosphorus

Given a few hours before and after abdominal operations has in many cases either prevented altogether or greatly lessened post-operative vomiting.

Adrenalin.

Upon injecting adrenalin dissolved in physiological saline into the peritoneal cavity of a dog, it was found that the sugar in the blood was increased; thus the free sugar in the blood of a dog previous to injection was 1.1 g. per 1,000; 1/12 hrs. after injection it was 1.75 g. per 1,000; after 4 hrs. 2.3 g. per 1,000; after 7 ¾ hrs. it was 1.55 g. per 1.000.—*H. Bierry & L. Fandard, Chemical Abstracts.*

Adonis vernalis.

Adonis vernalis extracted by means of water or alcohol and given to dropsical patients regulates the action of the heart. It diminishes the number of contractions and makes them stronger. Adonis vernalis consists of at least two substances, each of them acting independently either on the rate or strength of contraction. The alcoholic extract is 1½ times more effective than the aqueous. The action of Adonis vernalis on cold blooded animals increases rapidity of heart action.—*B. I. Slovtzov, Chemical Abstracts.*

Thiosinamine.

Has been used with beneficial results in the treatment of sarcoma.

Leucomethylene.

Has been suggested as a reagent with which malignant growths may be treated. Oxygen is supposed to make malignant cells grow and multiply and since leucomethylene blue takes away oxygen and kills the cells. Its use is recommended for the treatment of malignant growths.

Iodine.

Analyses of a large number of samples showed wide variations from the standard set by the U. S. P. in the per cent. of iodine and potassium iodide. Potassium iodide was absent altogether from some samples and in about one-half of the cases the iodine was from 10 to 70 per cent. from the normal, a few being considerably over strength. The alcohol content was more nearly standard.—*Am. J. Pharm.*, 85, 153-5.

Lobelia.

Dr. Liessman, at the Illinois State meeting, said: "In cases of asthma I have given it in teaspoonful doses by mouth and got results in fifteen or twenty minutes. One case, a woman about forty years old, would throw herself out of bed, suffering agonies from the paroxysms, and simply could not get any air. I tried the hypodermic in her case, but it did not work so well, but I have given her teaspoonful doses of Lloyd's specific medicine by the mouth, and always get results. There was no vomiting."

Dr. Ribbans, in acute asthmatic attacks, has obtained immediate results with fifteen-drop doses of lobelia hypodermically. The doctor has had no pain from his injections, because he treats the needle, the syringe, the parts and the skin with extreme antiseptic measures, and uses a few drops of a weak solution of cocaine, injecting the medicine directly into the muscle.

Dr. Waddington, on page 336 of *Ellingwood's Therapeutist* for September, 1910, makes an excellent report of the use of lobelia in the successful treatment of asthma. He gives it both hypodermatically and internally, according to the indications.

Dr. Vance, of Somerset, Ind., in an exaggerated case of acute asthma gave thirty drops hypodermically of lobelia. There was some benefit almost immediately. In less than an hour fifteen drops more was given, which produced complete relief. In the treatment of bronchial asthma he thinks lobelia only works well where there are no heart complications, and much the best in spasmodic cases. He has treated a good many cases, and, using this remedy as routine treatment, he has found nothing better, but heart cases, with other indications, must be treated with the indicated remedies.—*Finley Ellingwood, M. D., Chicago, Ill., The N. E. M. A. Quarterly.*

Biological test.

Erlangen reports the results of examinations of 108 cases (60 pregnant (4-10 month) and 48 non-pregnant women) by means of the Abder-

halden dialysis procedure. Of the cases of pregnancy (9th and 10th month) examined 11 were negative and 31 of the non-pregnant cases gave a positive reaction.—*Chemical Abstracts.*

Phellandrium aquaticum.

This remedy is indicated in persons of a feeble, irritable, lymphatic constitution, with weak and defective reaction, who suffer from a chronic bronchial catarrh, with more or less profuse expectoration. The cough returns and increases during the cold seasons of the year, and only abates upon the return of warm weather; it continues for an hour or more, early in the morning, and is accompanied by dyspnœa and prostration; the cough at night is not relieved by sitting up. The secondary changes, as empysema and dilatation of the right heart, have often taken place. There are coarse rales; the respirations are short; cough continues at times, day and night; there being great thirst with loss of appetite and sleeplessness. It should be studied during the last stage of pulmonary tuberculosis when the expectoration is very offensive.—Blackwood.

Graphites.

It is no theoretical assertion to state that a complimentary relationship exists between Graphites and Argentum nitricum in certain gastric derangements. In these cases the action of the former remedy is largely helped out and completed by the action of the latter. Given cases who complain of a bad taste in the mouth, no special desire for, and sometimes, a loathing for food, belching of gas, and inability to digest carbohydrates, the administration of a few doses of Graphites in the morning followed by Argentum nitricum in the afternoon has produced very happy results. One case in particular, which gave the above symptoms, and which had suffered for months, was relieved in a day and apparently cured within a week by the above treatment—A. E. Hinsdale.

Sodium butyrate.

The possibility that diacetic acid and beta-hydroxybutyric acid might arouse a symptom complex similar to that found in coma led Ehrmann to test out these substances on dogs, cats and rabbits, the last mentioned being the most satisfactory animals. The administration per os of sodium butyrate, beta-hydroxybutyric acid and butyric acid regularly aroused a syndrome like that seen in human coma. Fatty acids had a similar property, while the racemic hydroxybutyric acid was the least toxic. 3.2-3.6 g. of sodium butyric per kg. dissolved in 50 c.c. water regularly produced coma, sometimes leading to death.

Bones.

The following is taken from the Nebraska Agricultural Experiment Station Bulletin No. 107. Four lots of four pigs each were fed for 17 weeks, as follows: (1) 100 per cent. corn meal; (2) 75 per cent. corn meal and 25 per cent. shorts; (3) 90 per cent. cornmeal and 10 per cent. tankage; (4) 90 per cent. corn meal and 10 per cent. bone meal. The average breaking strength of the bones of the four lots was 630.5, 729, 1,013.5 and 1,044 lbs. resp. The experiment was repeated on 20 pigs in 5 lots fed 22 weeks. Four lots received the same feed as the previous 4 lots. The remaining lot was fed 25 per cent. corn meal and 75 per cent. skim milk. The average breaking strength of the 4 lots was 702, 867, 1,361 and 1,505 lbs. resp., of the lot fed skim milk 1,279 lbs. Pigs with weak bones made substantially the same gain in weight as the strong-boned. While there was no apprent increase in the external measurements of the strong bones, X-ray examination showed them to be much thicker walled. The per cent. of mineral matter and specific gravity of the green bones increased in nearly the same proportion, as the thickness of the walls. The extreme difference in the breaking strength indicate that skim milk, tankage and ground bone each contained some substance (calcium phosphate) in which corn was deficient, that was available for bone-building purposes.

Sex.

Sex is determined by a conflict between male and female generative cells. The energy of the cell is dependent on mass and velocity; the former influence predominates in female cells, while the latter has the greater effect in male cells. Protein nourishment, which increases mass, favors the production of females; dynamic foods, such as carbohydrates, are favorable to the production of males, while alcohol and sexual fatigue are prejudicial in this regard.—Weill. Bad Elster. Monatsschr. Geg., 36, 674; Zentr. Biochem. Biophys., 14, 661.—*Chemical Abstracts.*

Soap.

Mosse emphasizes (*Therap. der Gegenwart*) the two facts that in certain cases of gall-stones the knife is the only effective means of cure, and that in certain other cases a cure occurs without any treatment. Besides these, however, there is a group of cases in which the gall-stone trouble can be cured by stimulating the secretion of bile, and for this he thinks nothing surpasses a mixture of 10 or 15 gm. of medicinal soap with mucilage of acacia, q. s. to make 60 pills; 3 pills daily. The pills can be supplemented by rectal injections of oil. This treatment is to be commenced on subsidence of the acute attack; during this belladonna or atropine may be required. This soap treatment was introduced by Senator, and some experiments reported this year from Pawlow's clinic confirm, Mosse says, this cholagogue action of soap.